



KENT COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1964

A. ELLIOTT, M.D., D.P.H.

County Medical Officer of Health

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[illegible]

DECEMBER 1965

To the Chairman and Members of the Kent County Council

Although the new Administrative County of Kent has a reduced population since April 1st, 1965, my report for the year 1964 concerns a County which had a population of 1,750,510 and 31,262 births in that year—an increase of 1,237 over the previous year. Such an increase yet again in the number of annual births cast an additional burden upon the maternity services and it is right to record the excellent way in which the County domiciliary midwifery service met not only the needs of the 11,123 women confined at home but also of those mothers who, following confinement in hospital, needed to be discharged early because of the demands for hospital beds.

This report follows the usual pattern in describing each of the services provided by the Health and Welfare Committee and thus includes the services provided under the National Assistance Act as well as those provided as part of the health services. The report shows the wide range and variety of services provided and illustrates the fact that the Committee's activities affect more members of the community either directly or indirectly and in more ways than any other single social agency.

This was the first full year for which the time for undertaking primary vaccination was changed from early infancy to between the first and second birthdays. Because of the convenience of completing a number of vaccinating and immunising procedures in the early months of life, it was anticipated that this deferment, occurring in isolation and done to ensure an even greater measure of safety, would result in a diminution in the acceptance rate. Under the previous scheme the proportion of children vaccinated before the age of one was just under 60%, but at the end of 1964 the effects of the change were not as great as were anticipated since the acceptance rate was over 51%.

The increasing use of the Council's domiciliary services, particularly affecting their share of responsibility for long-term and final illnesses in the old, is demonstrated by the sharp increase in the provision of nursing requisites. The report shows that in addition to the arrangements made for the maintenance by voluntary bodies on the Council's behalf of local depots for the issue of the more usual type of aids for nursing patients at home, it has been necessary for the Council itself to supply as a central service larger items of equipment such as hoists for bedfast persons and various types of beds. The need for such specialised equipment is shown by the fact that in one year the number of patients assisted increased from 400 to 1,260. Apart from the additional help and convenience that is given by such things as mechanical hoists and commodes, in nursing bedfast old people at home, one of the most useful facilities has been the issue of "ripple" beds intended to avoid the occurrence of bed-sores. As a part of the services for the care of these old people, one of the most widely used services and one greatly appreciated by the Council's district nurses is the supply of special incontinence pads which have brought considerable ease and comfort to many incontinent bedridden patients and has eased the labours of their relatives upon whom the main burden of home nursing care must always fall.

Parallel to the extensive supply of nursing requisites, and in some cases complementary to it, is the provision under the National Assistance Act of aids to persons who have, in the words of the Act "permanent and substantial handicaps". These handicaps may arise as a result of congenital defects, accidents or extensive and crippling diseases such as arthritis, and in addition to a wide variety of ingenious aids that help such handicapped persons to make full use of limited muscular capacity, structural alterations, some involving extensive rebuilding, in 74 homes were also material factors in enabling fuller and wider home lives.

The continued rise in the material standards of national life throw into sharper relief those families whose habits bring them within the category of problem families, which may be described as showing the four d's—dirt, debt, disorder and, finally, disintegration. Since April 1st, 1957, the Council has provided a special service to assist and rehabilitate these families in the community either to keep them together or help them after they have been rehoused following a period in temporary accommodation. Although extensive reports are made from time to time about this Family Welfare Service, its activities still do not appear to be widely and fully understood and accepted either as regards the successes that it achieves in raising the social standards of many problem families or as to the months of devotion and application to raising family standards and the patient years of help afterwards to ensure that hardly achieved gains are not cast away. Social work with problem families should not be disposed of by a facile method of monetary gifts either by way of paying rent or of continuing subsidies hiding inefficient, incompetent and feckless domestic management. The whole purpose of the Family Welfare Service is to teach mothers, and indirectly fathers, to manage their household affairs, with the declared aim of raising the level of life for the children of the families. It accordingly follows that training and assistance in budgeting is the first requirement and sight is never lost of the necessity to ensure that payment of rent has to be the first charge on income. It has been suggested that the title Family Welfare Service should be abandoned and the arrangements called Personal Service Units to underline the purpose in each family of the worker living in a particular household and with other staff directly concerned, such as health visitors and domestic help organisers, providing a service personal to that one family.

Whether such a change would illustrate more vividly what has been done for so many years, page 21 of the report gives an indication of what goes on, the success achieved, the part played in the Council's Rent Guarantee Scheme and the use made of it by housing authorities.

Arrangements continued for securing closer working relationships between general medical practitioners and the Council's staff, particularly those engaged in health visiting duties. It can be noted that of the 333 clinics for the care of mothers and young children, approximately half were staffed by doctors engaged in general medical practice in the County. When the National Health Service Act came into force in 1948 there were those who believed that when every person had the services of a general practitioner, the demand for clinic services could well diminish. Experience has shown that this has only been true for ante-natal clinics as a result of general practitioners being properly responsible for more and more ante-natal care although the teaching of mothercraft and instruction in relaxation exercises has changed the Council's responsibilities in the field of ante-natal care. For infant welfare clinics the demand increases; the total attendance of children under the age of five was 523,682, which was an increase of some 12,000 over the previous year.

One of the questions that merits consideration is whether clinics should still continue to be used as sources of distribution for infant foods and medicaments. In the inter-war years when massive unemployment meant low standards of nutrition for substantial numbers of the population, the use of clinics to distribute infant food at subsidised prices was a material factor in the welfare of young children. During the war years the subsidising of essential foods and national arrangements to ensure that all young children were sure of supplies of vitamin supplements was a proper and necessary arrangement. Today the position is that the Council is required to issue, on behalf of the Ministry of Health, supplies of National Dried Milk, Cod Liver Oil, Orange Juice and Vitamin A and D tablets. The estimated value of these commodities is some £64,000 a year and the administrative costs of the issuing arrangements £26,000. Whilst accurate figures are not available it appears to the staff concerned that substantial numbers of women and children who are eligible to receive these supplies do not take them up; yet there is no evidence of children either suffering from malnutrition because of a financial inability on the part of the parents to obtain the necessary food or suffering from vitamin insufficiency because normal diets are inadequate in the vitamins that could be obtained from the Council's depots. The Council also has arrangements of its own for issuing through clinics supplies of certain infant foods and medicaments which, although far less in amount and scope than in the past, are still formidable in volume and require major administrative services for storage, recording and selling. Whilst it may be that the use of clinics to issue these foods and supplements at reduced costs is an inducement to attendance, the question is posed, in circumstances where public authorities are constantly being urged to save money but where the standard of material prosperity remains high, as to whether it would not be better to use clinics primarily for the purposes for which they were originally intended and to give up the arrangements for the sale and distribution of certain infant foods and medicaments. A pattern of social service particularly where distribution of material goods is concerned, once established is difficult to alter, yet having regard to the absence of clinical evidence of vitamin insufficiency and the high level of material prosperity, I think that a case is made out for a re-examination and re-assessment of the proper functions of child welfare clinics. In present circumstances when the social services are hampered in development by shortages of money and manpower it is imperative that there should from time to time be reviews of all that is being done to ensure that new requirements are not delayed or reduced in scope because older and less essential procedures are continued at levels once necessary but now less urgent.

Before 1948 dental treatment for expectant and nursing mothers and young children was, in varying amounts, provided at reduced or no cost as part of the maternity and child welfare services, special emphasis being on the securing of dental health in expectant mothers. Effective ante-natal care still must ensure that every pregnant woman has early and adequate dental treatment for any carious or septic condition. The National Health Service Act created a general dental service for the whole population, and in it Parliament places a duty upon local health authorities to make arrangements for the care of mothers and young children and uses the words "including in particular dental care". This indicates the importance placed upon dental care and the privileged position intended to be given to expectant and nursing mothers and young children in providing for them two types of dental service so as to ensure preferential treatment. In fact, the County Council, both as a health and education authority, cannot recruit enough dental surgeons to provide anything approaching an adequate service and so far as the arrangements for mothers and young children were concerned, there was only the equivalent available during the year of the time of one-and-a-quarter dental surgeons. As a preferential additional service for the 31,262 mothers delivered during the year, such an allocation of dental staff time manifestly means little in terms of actual dental treatment. In my report for 1964 as Principal School Medical Officer I draw attention to the Principal School Dental Officer's statement that the effects of the continuing dental shortage show the impossibility, with existing staff or the staff likely to be recruited, of providing a comprehensive School Dental Service. Since the County dental services for mothers and young children have to be provided from the dental surgeons recruited by the Education Committee, the pessimistic conclusion concerning school-children must apply with equal force to the other groups for whom Parliament indicated the need for preferential care. This deficiency in the measure of dental care that the Council can provide indicates the necessity for the fullest use of all methods of prevention of dental disease. During the year no action was taken towards the fluoridation of water supplies and whilst this is a matter that continues to be the subject of exhaustive debate and discussion, it is of such importance that the basic principles can bear repetition. Every water supply includes fluoride to some degree, but experience over many years in this country and elsewhere shows that where the level is one part per million then that is a factor in reducing the incidence

of dental disease. Where the level has been artificially raised to this level and precise statistical estimations have been made over a period of years, there is irrefutable evidence that the incidence of dental disease is reduced in young children by at least half and that this improvement continues into adolescence and probably later life, with no evidence of any deleterious effect on the health of any member of the communities concerned. In those areas where the level is higher than one part per million there is no evidence of ill-health or disease resulting but the teeth, although resistant to caries, show a mottling which indicates the necessity to reduce the level to one part per million. If the careful and meticulously controlled studies done in this and other countries to show the efficacy and safety of fluoridation could be paralleled for some like procedure indicating a 50% reduction in, say, cancer or heart disease, how many voices would be raised in objection? Whenever I report on fluoridation I can be sure of receiving a spate of letters, all from lay people, objecting to it and written in most cases in personal capacities, that is, not on behalf of some organisation in the County. The most extravagant statements having no basis in scientific or medical fact, still continue to be made to me and authority in making them is buttressed by claims of special knowledge ranging from being the daughter of a doctor to experience from being a member of the Board of a London teaching hospital. The subject apparently fails to interest community organisations and in this there is a sharp contrast with interest in the introduction of services for the taking and examination of cervical smears from women as a measure to reduce the incidence of cancer of the cervix. All the preliminary planning for the introduction of such a service has been done with the Regional Hospital Board and the individual officers concerned in the six Hospital Management Committees who will provide the essential laboratory facilities in Kent. Although it has been widely stated more than once that a start will be made as soon as the hospitals concerned have recruited the necessary additional staff, resolutions and letters still continue to reach me urging the need to set up these services without delay. There is, of course, no need for such reminders because the importance of the subject is fully realised but for the hospital authority extra staff and additional laboratory space take time to provide. It may aptly be recalled that apart from laboratory technicians there are shortages of trained staff and buildings in many other fields of the health and welfare services, but administrators of these services are primarily concerned with the practice of the possible rather than of what could be done if some, as yet undiscovered, new resources of money and manpower could only be secured.

The major responsibility of the Council under the National Assistance Act is, of course, the residential care of the aged and whilst progress continues to be made in the provision of additional accommodation and the adaptation of older accommodation to fit it better for modern needs, the demand for beds grows faster than the supply. The Council's waiting list for admission to old people's homes is limited to those who, in terms of the Act, require residential accommodation because the care and attention they need is not otherwise available. This, therefore, means that the names of old persons whose needs are for housing never appear on the Council's waiting list. It is sometimes erroneously thought that the provision of special housing for old people with special welfare services is of itself a substitute for the provision of old people's homes of the type provided by the Council. Such housing is essential but there can be no doubt that in a population where the proportion of older people is increasing, both these two services need to be developed to meet the needs that now manifest themselves. It should be noted that at least half the admissions to the Council's own homes are of people whose names have never been on the waiting list at all but whose needs had to be met at short notice. Reference is made on page 35 to the fact that for the eleventh year in succession a study was made of 100 consecutive admissions of old people to homes. Two facts are taken here from this survey: one is that the greatest proportion of admissions—41.5%—came from hospitals and was usually to secure admission of another resident from an old people's home. Irrespective of the reason for these admissions, this high proportion points to the fact that more beds in old people's homes are needed if more effective use is to be made of those hospital beds that can be staffed to meet the needs of old people. The other fact is that the survey once again shows no indication of relatives unreasonably refusing to undertake the care of elderly relatives by requiring the County Council to exercise its statutory duties.

Although the number of homeless families is relatively small in relation to the large County population, serious difficulties arise from time to time in the effective provision and management of temporary accommodation. An analysis is given on page 39 of the causes why families who had to be provided by the County Council with temporary accommodation became homeless. It will be seen that only 6% of the families became homeless because they were evicted from Council houses for non-payment of rent. Since only one out of fifteen families are thus rendered homeless, it is clear that even if it were right on grounds of public policy to pay rent in such cases, this would only deal with one in fifteen of all the families that had to be accommodated at the King Hill Hostel. Nearly one-quarter of all families becoming homeless arrive at the hostel because they are required to leave furnished rooms and nearly 17% lose their accommodation because of domestic disputes. Some 10% of the families requiring temporary accommodation are of people who are not residents of Kent but who come into it either without reasonable hope of accommodation or because of repatriation from abroad. The County Council's duty is to provide temporary accommodation but if the period of such provision is not defined and extends until accommodation of some sort is found, then for a number of families temporary accommodation can become an acceptable form of permanent communal life. Detailed enquiries have been undertaken as to the variations in the extent of homelessness in different areas and why there are variations at different times, but no pattern can be established. What is, however, clear is that what the majority of families need is something the County Council cannot provide and that is houses.

In a previous annual report considerable interest was evinced in a brief description of the develop-

ment of the duties of giving medical advice as to the holding of driving licences. Although these cases are relatively small in number, being only 106 for the year 1964 out of an annual issue of approximately a quarter-of-a-million driving licences, they take up considerable amounts of medical staff time and often present issues that are difficult and sometimes impossible to resolve. During the year a classification was made of the last 400 cases submitted for advice:

Epilepsy	173
Diabetes Mellitus	76
Mental illness	41
Fainting or Giddiness	19
Cerebro-vascular disease	10
Central Nervous System diseases	9
Heart diseases	6
Mental Subnormality	5
Visual defects	7
Physical handicap	5
Meniere's disease	5
Arthritis	4
Hysteria	3
Cramp	3
Hypertension	3
Alcoholism	4
Narcolepsy	2
Migraine	2
Asthma	1
Disc lesion	1
Otosclerosis	1
Ill-defined	20
	400

The sex distribution of these cases was six males to one female, which is approximately the same as the sex distribution of the holders of Kent driving licences. The cases came to the notice of the licensing authority as follows:

Declaration on form of application	306
Involved in traffic offences and reported by Court and Police by reason of evidence suggesting disease or physical disability	39
Reported by relatives or friends	18
Reported by medical practitioners	10
Accidents (Epilepsy 9)	27
	400

In the twenty-seven cases recorded above, there was strong presumptive evidence that disease was the factor responsible for the accidents. In nine of these cases the drivers had epileptic attacks and in three hypoglycaemic attacks arising from diabetes. Of the 39 cases reported by the Police or the Courts, some arose because of mitigating pleas that the driving offences were caused by illnesses, some gave histories of illnesses to the Police that were subsequently withdrawn or disproved in relation to the offences and others, on appearing in the Courts either from the way they gave their evidence or from their appearance, necessitated the Courts exercising their statutory duties of notifying the Council of the apparent need for enquiries because of the apparent disease or physical disability. In ten cases the persons' own medical attendants came to the conclusion that their duties to the community were greater than their obligation to observe professional secrecy in bringing to attention the dangers arising from ill-health in drivers.

Any separate investigation by me on behalf of the Council is in each case based upon having the individual's written consent to consultation with his medical advisers and wherever possible I obtain the person's own statement of his medical history. It is increasingly necessary for examinations to be undertaken by one of the Council's senior medical staff so the reviews of such cases will be from three medical reports—a general practitioner, a consultant and a senior county medical officer. The obtaining of adequate medical histories is often fraught with difficulties because for obvious reasons individuals give misleading and inadequate accounts of their illnesses, the medical attendants named may not have been consulted for a number of years or, where they have been consulted, this will not have been for the purposes of the particular condition brought to the notice of the County Council. Epilepsy, as the largest single condition requiring investigation, presents the greatest difficulty because it is a condition difficult to prove clinically. A Licensing Authority is under an absolute duty to refuse a licence to a person suffering from epilepsy but the clinical findings to determine "suffering from" are not capable of a generally acceptable definition. Where the Council refuses a licence by reason of epilepsy then the only appeal is to a Magistrate's Court as there is no recourse under the Road Traffic Act to the taking of a driving test. An appeal to a Court has two consequences; one that details of the appellant's illness become public property and are liable to be reported in the press, and the other that

the magistrates are in effect required to determine whether the Council was correct in determining whether he is suffering from the disease. The presentation of medical evidence for and against an appellant's case usually involves extensive clinical arguments and interpretations of highly specialised examinations, which the Road Traffic Act leaves the County Members and Justices of the Peace to determine. Epilepsy is, of course, not the only condition that may result in cases where doubt arises about the medical fitness to hold driving licences being brought before the Courts and indeed during the year a Court upheld the decision of the Council to revoke a licence in the case of a person who although apparently well at the time of the hearing, was held to suffer from recurrent schizophrenic illnesses.

It seems to me that these cases present such difficulties in the determination of medical evidence that some more specialised form of tribunal is desirable and the pattern created for tribunals under the Mental Health Act might be considered. Such tribunals could be used for initial reference by licensing authorities and by any person who was aggrieved by an authority's action in refusing or revoking a licence. In my experience such a tribunal, providing specialist medical and legal assessment, would lead to a more effective interpretation of the clinical evidence and also secure that details of an appellant's illness were not likely to become public property. Manifestly, the number of cases put to me can only be a fraction of the number of people holding driving licences whose state of health could properly cause doubts as to their fitness to do so. If the present standards are to be changed and more searching enquiries insisted upon, then substantial increases in medical staff time must follow. The types of difficulties that confront a licensing authority are shown by the following two cases.

A driver convicted of careless driving was reported to have said in Court that he could remember nothing of what had happened because he had had a "blackout" and this was the second such attack in eighteen months. The general practitioner's subsequent report, however, was that there was no history of such symptoms and his examination showed no evidence of physical or mental unfitness to drive a motor vehicle. Three-and-a-half years later the driver was convicted again because when driving he swerved off the road, collided with an obstacle and killed his passenger. Again the driver said he had no knowledge of what had happened and again the general practitioner reported that examinations on a number of occasions showed no sign of illness or abnormality that could affect the driving of a motor car. At no time was there, therefore, medical evidence to justify a report that the driver concerned was suffering from a disease that would justify the revoking of his licence. Such a case involving a fatal accident suggests that the need for a legal power to require a person to undergo such forms of medical examination, including hospital investigation, as may be required to exclude the presence of disease affecting driving safety.

In the second case the Police reported that the driver of a heavy commercial vehicle had stopped on a motorway to rest as he suffered from dizzy attacks—a report that could be held to be substantiated in light of subsequent history. Subsequently, the driver disputed the police statement and claimed he had stopped on the motorway to urinate as he was unable to do so elsewhere. The man gave consent for consultation with his general practitioner but made no reference to previous hospital care. The general practitioner reported that he did not consider the man should drive, since eight years before it had been necessary to obtain a consultant's opinion because of complaints of giddiness. No abnormality was found and the man returned to work with a tentative diagnosis of fainting attacks due to low blood pressure. Two years before the incident reported by the Police it had been necessary to send the man again to a consultant physician because of the attacks continuing and on this occasion an electroencephalogram showed an abnormality suggestive of epilepsy. Further investigation was advocated at a special neurological hospital and a bed offered, but the man refused to accept, even although both the general practitioner and subsequently his partner warned him he should not drive. The medical practitioner reported that whilst anti-convulsant treatment was prescribed, the man himself did not attend and sent his wife to get the drugs. The man was seen separately on two occasions by two senior members of the County staff and extensive consultations took place with the general practitioners concerned and a consultant neurologist. The last offered to take the man into hospital for the investigations that had been advocated two years before, but the man refused any form of further inquiry on the grounds that his only illnesses were digestive ones and said he had stopped anti-convulsant treatment. Whilst there was agreement from all the medical findings that there was a strong suspicion that this driver had some form of epilepsy leading to altered states of consciousness, no further examination could be insisted upon. The determination that had to be made was whether in the event of the licence being revoked by reason of epilepsy, the evidence for such a determination of disease would satisfy a Court. Since it was not considered the evidence that could be obtained did justify such a conclusion, no further action could be taken and presumably this man is still driving a heavy commercial vehicle. As matters rest at the moment it is my view that there are considerable numbers of people holding driving licences whose state of health must cause doubt as to their suitability to do so, but the application of the law so far as it affects medical standards is today a matter of such difficulty and complexity that some impartial investigation is long overdue.

An increasing number of cases is claiming more attention because of the behaviour on the road of persons who are, or have been, suffering from mental illness. These arise from accidents or from a series of offences reported by other road users but are not dealt with in the Courts because of the actual or suspected existence of mental illness. Where a person is under treatment in a mental hospital no serious difficulties arise in making an accurate clinical estimation and the help given by consultant psychiatrists is excellent. Difficulties do, however, arise when patients are discharged, sometimes still receiving considerable medication, and are at the time of examination presenting no obvious signs of mental disorder, since experience shows that in certain cases these periods of quietude will be followed

by acute exacerbation of illness which becomes again manifest by the further commission of road offences. In certain cases where relapses of mental illness have occurred or appear likely to occur the recommendation has been that the individuals should not hold a driving licence until a period of two years has elapsed during which they have led a stable life without medication.

One of the anomalies of existing law appears to be that there is no obligation on an individual to bring to the notice of the licensing authority any condition, whether it be epilepsy or not, which arises after a licence has been taken out and with the three year duration of a licence this can mean that for long periods of time an individual can apparently properly hold a licence even although he may have developed a condition that would cause a refusal if it had been diagnosed at the time when he applied for a licence.

A. ELLIOTT,
County Medical Officer, County Welfare Officer.

ANNUAL REPORT

Vital Statistics

POPULATION.—The Registrar-General’s estimate of the population of the Administrative County at the middle of 1964 was 1,750,510 and this population is the basis of the rates quoted in this Report. Table 1 at the end of the Report shows the population in each area in the County: and from that Table it will be seen that 1,352,660 persons were resident in the urban areas, and 397,850 in the rural districts. The increase in the population of the County was 33,100 as compared with an increase of 21,850 in the previous year.

These figures give densities of population of 1·80 per acre in the county as a whole: and 6·94 per acre in the towns and 0·51 per acre in the rural districts. Compared with the previous year, there is little change in any of these figures, and the densities show the same wide range. In the towns, the extremes were 34·06 in *Penge Urban* and 0·30 in *Lydd Borough*, and in the rural districts 1·69 in *Dartford Rural* and 0·16 in *Romney Marsh Rural*.

The following tabulation shows the populations, together with the percentages in urban and rural districts in Kent, for the census years 1931, 1951 and 1961, and the Registrar-General’s estimates for 1941 and 1964.

	Population									
	1931		1941		1951		1961		1964	
	No.	%	No.	%	No.	%	No.	%	No.	%
Urban Districts ..	847,090	71·50	882,900	75·56	1,225,800	79·12	1,304,670	78·06	1,352,660	77·27
Rural Districts ..	337,720	28·50	285,500	24·44	323,560	20·88	366,766	21·94	397,850	22·73
County	1,184,810	100	1,168,400	100	1,549,360	100	1,671,436	100	1,750,510	100

BIRTHS.—The births of living children, registered during 1964, totalled 31,262, an increase of 1,237 on the total for the previous year. Male births numbered 16,352, female births 14,910.

The crude* birth-rates for the year were 17·86 (comparable rate† 18·18) in the urban districts, 19·16 (comparable rate 20·12) in the rural districts, and 17·86 (comparable rate 18·57) in the County as a whole. The figure for England & Wales was 18·4 (Provisional).

The following tabulation shows the live-birth, still-birth, and death-rates, divided into urban and rural districts for the whole County. The rates for England and Wales are added for comparison.

In all cases in this report the two years, 1938, the last normal year before the war, and 1963, have been taken for comparative purposes.

	No. of Live Births per 1,000 Home Population			No. of Still-Births per 1,000 Total (Live and Still) Births			No. of Deaths under 1 year of age per 1,000 Live Births		
	1938	1963	1964	1938	1963	1964	1938	1963	1964
Urban Districts	15·1	17·20	17·48	33·6	17·38	15·23	43·2	18·86	19·33
Rural Districts	14·4	18·44	19·16	36·5	17·38	18·16	45·0	18·39	19·54
Whole County	14·9	17·48	17·86	34·2	17·38	15·96	42·8	18·75	19·38
England and Wales ..	15·1	18·20	18·40	38·3	17·20	16·36	52·8	21·10	20·00

The number of births, and the birth rates, in each sanitary district of the County, are set out in Table 2 at the end of this report.

The excess of births over deaths was 11,156—6,133 males and 5,023 females; and the varying margin of this excess of births over deaths for the years 1938, 1963 and 1964 is shown below:—

		Male	Female	Total
1938 ..		3,146	2,645	5,791
1963 ..		4,629	3,544	8,173
1964 ..		6,133	5,023	11,156

The sex-ratio of the births, on the figures shown above, represents a proportion of slightly more than 109 males to 100 females.

STILL-BIRTHS.—The number of still-births recorded during the year was 507. This number represents a proportion of 15·96 per thousand of all births in the County, as against 17·38 in the previous year.

The rate of still-births (per thousand of the population) was 0·27 in urban and 0·35 in rural districts, and 0·32 in the County as a whole. This proportion may be compared with the rate for England and Wales, 0·31.

The number of still-births in each sanitary district of the County is shown in Table 2 at the end of this report.

* Crude birth- and death-rates are the number of births or deaths per 1,000 of the population.
† For explanation see page 42.

INFANTILE MORTALITY.—There were 606 deaths of infants under one year of age in Kent during the year, which represents an infantile mortality rate (number of deaths among children under one year of age per thousand live births) of 19·38, as compared with 18·75 in the preceding year. The infantile mortality rate per 1,000 legitimate births is 19·02 and per 1,000 illegitimate births is 24·88.

These deaths of infants formed 3·01 per cent. of the total deaths at all ages (2·39 per cent. in 1963).

NEO-NATAL MORTALITY.—There were 419 deaths of infants under four weeks of age during the year, which represents a neo-natal mortality rate (number of deaths among children under four weeks of age per thousand related live births) of 13·40.

EARLY NEO-NATAL MORTALITY.—There were 379 deaths of infants under one week during the year, which represents an early neo-natal mortality rate (deaths under one week per 1,000 total live births) of 12·12.

PERINATAL MORTALITY.—There were 886 stillbirths and deaths under one week combined during the year, which represents a perinatal mortality rate (deaths under one week and stillbirths combined per 1,000 total live and still births) of 27·89.

Of the 31,262 births in the County, 1,929 were illegitimate, being 6·17 per cent. of the total.

MATERNAL MORTALITY.—There were 13 maternal deaths (including abortion) which represents a maternal mortality rate (maternal deaths per 1,000 total births), of 0·42.

The rates in the different sanitary districts will be found in Table 2 at the end of this report; and Table 7 shows the causes of death in children under one year of age, for the years 1938, 1963 and 1964.

DEATHS.—The number of deaths registered in the County (i.e. the number of deaths of persons resident in Kent) during 1964 was 20,106—a decrease of 1,746 on the total for the previous year. Male deaths totalled 10,219, female deaths 9,887.

Crude death-rates were 11·57 for the urban areas, 11·20 for the rural districts, and 11·49 for the whole County.

The following tabulation shows the crude death-rates recorded in Kent during 1938, 1963 and 1964. The rates for England and Wales are added for comparative purposes.

	1938	1963	1964
Urban Districts	10·6	12·67	11·57
Rural Districts	11·4	12·91	11·20
Whole County	10·8	12·72	11·49
England and Wales.. .. .	11·6	12·20	11·30*

* Provisional.

The number of deaths in each sanitary district, and the deaths in age-groups, and by cause, are shown in Tables 5, 6 and 8 at the end of this report.

The principal causes of death in order of importance show little variation from year to year, and the following table shows the order of the principal causes in the three years, 1938, 1963 and 1964, the number of deaths under each heading, the death-rate, and the percentage of each group to the total number of deaths from all causes:—

Cause of death	1938			1963			1964		
	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes
Heart Disease	4,144	2·99	27·86	7,238	4·21	33·12	6,595	3·77	32·80
Cancer (all sites)	2,368	1·71	15·92	3,846	2·24	17·60	3,999	2·28	19·89
Pneumonia	727	0·52	4·89	1,416	0·82	6·48	1,202	0·69	5·98
Bronchitis	358	0·26	2·41	1,194	0·70	5·46	921	0·53	4·58
Diseases of circulatory system (other than Heart Disease)	817	0·59	5·49	1,080	0·63	4·94	978	0·56	4·86
Violence (all forms)	699	0·50	4·70	752	0·44	3·44	782	0·45	3·89
Ulcer (Stomach and Duodenum)	156	0·11	1·05	199	0·12	0·91	156	0·09	0·78
Diabetes	201	0·15	1·35	143	0·08	0·65	127	0·07	0·63
Nephritis & Nephrosis	370	0·27	2·49	134	0·08	0·61	115	0·07	0·57
Tuberculosis (all forms)	778	0·56	5·23	132	0·08	0·60	84	0·05	0·42
Gastritis, Enteritis & Diarrhoea	87	0·06	0·58	124	0·07	0·57	110	0·06	0·55
Influenza	175	0·13	1·18	133	0·08	0·61	30	0·02	0·15
TOTALS	10,880	7·85	73·14	16,391	9·54	75·01	15,099	8·63	75·10

There was an increase in the proportion of deaths in the age groups under 1 year (0.5%) 5 to under 15 years (0.1%) and 45 to under 65 years (0.7%). There was a slight decrease in the proportion of deaths in the age groups 15 to under 45 years (0.1%), and 65 years and over (1.3%). It will be seen that in the last 26 years there has been a marked decline in each of the age groups under 65 years with a corresponding rise in the 65 years and over group (16.3%).

In the following summary the deaths in age-groups are expressed as percentages of the total deaths:—

Year	Percentage of Total Deaths Age-Group						Total
	Under 1 year	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 years and over	
1938	5.9	1.7	1.7	11.4	23.9	55.4	100.0
1963	2.5	0.4	0.4	3.9	19.8	73.0	100.0
1964	3.0	0.4	0.6	3.8	20.5	71.7	100.0

NOTIFIABLE INFECTIOUS DISEASES

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Table 3 at the end of this report.

A summary of the notifications, incidence-rates, deaths and death-rates of the principal infectious diseases in the County is shown in Table 4 at the end of this report.

SMALLPOX.—Once again no cases occurred during the year. It is now eighteen years since the last case was notified.

SCARLET FEVER.—There was an increase in the number of cases (1963—637, 1964—674). It is seventeen years since there was a death from the disease.

DIPHTHERIA.—One case of diphtheria was reported; it is the first time for eleven years that a case has occurred in a child under 15 years of age.

ENTERIC FEVER.—A small decrease in the number of cases, 4 as against 6 in 1963.

MEASLES.—A considerable decrease in the number of cases reported, 11,085 as against 25,241 in 1963. Three deaths occurred, all in children under 15 years of age.

WHOOPING COUGH.—A small increase in the number of cases notified last year, 1,427 as against 1,054 in 1963. No deaths occurred.

POLIOMYELITIS AND POLIOENCEPHALITIS.—Only two cases notified, the same as in 1963. Both cases were paralytic. No deaths occurred.

OPHTHALMIA NEONATORUM.—Five cases were reported as against ten in 1963.

MALIGNANT NEOPLASM.—There was a slight increase in the number of deaths, the total being 3,999 as against 3,846 in 1963, (19.89% of the recorded total of deaths from all causes.) The mortality rate of 2.28 per thousand of the population was slightly higher than in 1963.

The following tabulation shows the mortality from cancer recorded in Kent during the years 1938, 1963 and 1964.

KENT	1938	1963	1964
URBAN			
No. of Deaths	1,889	2,994	3,189
Death-rate	1.72	2.25	2.36
RURAL			
No. of Deaths	479	852	810
Death-rate	1.70	2.21	2.04
TOTAL			
No. of Deaths	2,368	3,846	3,999
Death-rate	1.71	2.24	2.28

There was a further increase of 153 in deaths from cancer; 163 more males and 10 less females. The increase in the deaths was in each of the age groups under 1, 15 to 45 and 65 years and over. The percentage of the total number of deaths from all causes increased by 2.29 to 19.89.

The age-sex distribution of the deaths is shown below, and for comparison there is added the years 1938 and 1963.

	All ages	Per-centage	Under 1	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 and over
1938 M.	1,095	46.2	—	2	—	56	427	610
F.	1,273	53.8	1	2	—	99	490	681
TOTAL ..	2,368	100.0	1	4	—	155	917	1,291
1963 M.	1,994	51.85	1	2	6	85	737	1,163
F.	1,852	48.15	—	1	2	99	635	1,115
TOTAL ..	3,846	100.00	1	3	8	184	1,372	2,278
1964 M.	2,157	53.94	1	4	11	80	762	1,299
F.	1,842	46.06	1	6	2	89	622	1,122
TOTAL ..	3,999	100.00	2	10	13	169	1,384	2,421

DIPHTHERIA/WHOOPING COUGH/TETANUS IMMUNISATION

For the first time for eleven years one case of diphtheria occurred in the County in a child under the age of fifteen years.

Triple antigen (diphtheria/whooping cough/tetanus) was again used in cases of primary immunisation, and diphtheria/tetanus vaccine for reinforcing doses and facilities for immunisation were available at child welfare clinics, doctors' surgeries and schools.

Compared with the number of children immunised in 1963, there was an increase of just over 8% in the number of children primarily immunised with triple antigen and an increase of nearly 22% in the number of children given a reinforcing injection. The following table shows the number of children who received a course of immunisation during 1964:—

	Children Born in Years:—							Total
	1964	1963	1962	1961	1960	1955–1959	1950–1954	
Number of children who completed a full course of primary immunisation in the Authority's area during the twelve months ended 31st December, 1964	11,448	13,351	1,190	372	184	442	44	27,031
Number of children who received a secondary (reinforcing) injection during the twelve months ended 31st December, 1964	—	667	9,195	3,728	1,624	13,285	386	28,885

VACCINATION AGAINST SMALLPOX

From 1st January 1963, the Council's proposals were amended to require only records of children vaccinated between the ages of one and two years. The first full year following the amendment when it was possible to get an indication of the acceptance rate was therefore 1964.

The number vaccinated between the ages of one and two was 14,854, i.e., slightly more than 51% of those who were eligible.

While there were no reported cases of generalised vaccinia during the year, one child was admitted to hospital nine days after vaccination suffering from post-vaccinial encephalitis.

VACCINATION AGAINST POLIOMYELITIS

There was no alteration to the scheme whereby all persons over six months and under forty years of age are eligible for vaccination.

Facilities continued to be made available at County Council clinics and by general practitioners. As far as was possible the Council arrangements were for all children under the age of five years being vaccinated at child welfare clinics and school children at schools.

The numbers of persons who have been protected against poliomyelitis since the inception of the scheme, together with notifications and deaths since 1955:—

	Born 1943–1964	Born 1933–1942	Others (including born 1920–1932)	Total
Three doses	432,557	87,093	97,314	616,964
Four „	158,236	—	—	158,236
(School children under 12 years of age)				

Year	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Notifications—										
Paralytic	170	63	217	29	13	8	5	4	2	2
Non-Paralytic	94	49	163	11	6	6	1	2	—	—
Deaths	17	8	19	4	2	2	—	1	—	—

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The various services provided under Section 28 of the National Health Service Act, 1946, have been maintained during the year.

TUBERCULOSIS

NOTIFICATIONS

During the year 556 (1963—619) persons were notified as suffering from tuberculosis. On the 31st December, 15,058 (1963—15,766) persons remained on the registers of medical officers of health. Summaries of notifications will be found on page 44.

PROVISION OF EXTRA FOODS

1,190 recommendations were made by chest physicians, of which 1,138 were approved, the remainder not being approved as, at the time of recommendation, the patients' financial circumstances brought them outside the application of the Council's assessment regulations.

REHABILITATION

Persons suffering from inactive tuberculosis who are fit enough to undertake five hours' work a day can, on the recommendation of the chest physician, be admitted to rehabilitation units established at Preston Hall, Maidstone and Papworth Hall, Cambridge. At the end of 1963, 8 were receiving rehabilitation; during 1964, 1 was admitted, 3 discharged and 6 remained at the end of the year.

KENT COUNCIL OF SOCIAL SERVICE

This Council has continued to afford assistance to patients and their dependants in the form of extra milk, beds and bedding, clothing, holidays, materials for diversional therapy, finding suitable employment, fares to visit patients in sanatoria and hospitals, re-housing and removal expenses. The County Council make an annual grant for administrative expenses only.

B.C.G. VACCINATION

During 1964, 15,241 schoolchildren aged 13 years and over were skin tested, 13,557 were found to be negative and 13,537 were vaccinated. All tuberculin positive children were referred to the chest physician concerned for further investigation.

As in former years, precautionary investigations of school children who had been in contact with known cases of pulmonary tuberculosis were continued. 1,301 children from 12 schools were skin tested of whom 148 were tuberculin positive and referred to the chest physician. Members of school staffs were also given an opportunity of attending for X-ray.

MEANS OF CONTROLLING TUBERCULOSIS

The means of controlling tuberculosis are the same as given in the Annual Report for 1953, when a full description of the measures taken was included.

ASCERTAINMENT OF CONTACTS

Contacts of persons known to be suffering from tuberculosis are persuaded by the health visitors to attend the chest clinics for examination.

The following table shows the extent of contact examination during the years 1959–1964:—

Year	1959	1960	1961	1962	1963	1964	Total
Number notified as suffering from tuberculosis	953	788	742	727	619	556	4,385
Number of contacts examined	13,869	9,720	11,663	11,497	10,266	10,356	67,371
Number found to be tuberculous	83	61	71	81	76	67	439

EMPLOYMENT OF PERSONS KNOWN TO BE SUFFERING FROM TUBERCULOSIS

Sputum positive cases are not generally encouraged to return to work but if they do, every precaution is taken to ensure that there is no spread of infection. Where the previous employment is not considered suitable, the Disablement Resettlement Officer of the Ministry of Labour, endeavours to find alternative employment or in certain cases the patient will undertake a course of training for work suitable to his condition.

ILLNESSES GENERALLY

RECUPERATIVE CARE

The following table shows the extent of recuperative care provided during the year:—

						No. of Persons Admitted	Total Weeks	Average Stay				
								Weeks	Days			
Adults	..	..	..	Male	..	69	161.2	2	2			
				Female	..	144	328.1	2	2			
School Children		..		Male	..	2	3.3	1	5			
				Female	..	2	7.6	3	6			
Children under 5 years of age				Male	..	2	8.3	4	1			
				Female	..	1	5.5	5	5			
Mother and Baby		..	..	..	..	1	1.6	1	6			
TOTALS						..	..	..	221	516.5	2	2

Recuperative residential care is provided under Sections 22 and 28 of the Act. This is restricted to instances where a person has suffered from an illness which has been treated either in a hospital or at home and whilst needing further medical and/or nursing care of the type that can be provided by a general practitioner and home nurse, cannot have that care at home.

It may be of interest to note that 306 applications for recuperative care were received of which 221 were accepted. The other 85 cases were either withdrawn before going away, or were found to be outside the scheme approved by the County Council.

NURSING REQUISITES

Since 1948 the County Council has been responsible for arrangements to provide nursing requisites to facilitate the care of people ill at home. In making these arrangements the Council has used extensively the services of the British Red Cross Society and the St. John Ambulance Brigade. Over the last few years the pattern of equipment supplied has undergone considerable change because, whilst the services provided by the two voluntary bodies have continued to be widely used, heavier equipment, which is most suitably supplied from a central source, has been called for in increasing amounts. Experience has shown that this type of equipment, some of it specialist and expensive, is most economically arranged as a direct service and in a number of cases the best use calls for special home visits to be made by senior medical and nursing staff of the Council. The type and extent of the changes derive from a change in the pattern of illness. In the past years nursing equipment was mainly requested for short-term acute illnesses, but much of what is now required is for chronic sick or severely handicapped persons who are partially or wholly confined to bed. This is why the Council has needed to develop a direct service of supplying larger items of equipment such as hoists and various types of beds, i.e., hospital, cot, cardiac, Egerton, together with anti-decubiti or ripple mattresses wanted for the avoidance of bed-sores. Many of these items of equipment are kept for long periods until the death of the patient or admission to hospital. The speed of change is indicated by the fact that only 400 patients needed the special equipment supplied centrally in 1963, but the number rose to 1,260 during 1964. An indication of the types of equipment in use at the end of the year and the cost is given in the following list.

											<i>Cost</i> £
Hoists	..	..	..	..	..	..	..	..	..	94	6,500
Lifting Poles	..	..	..	..	..	..	..	..	..	130	1,300
Hospital Beds	..	..	..	..	..	..	..	..	..	66	1,650
Walking Sticks	..	..	..	..	..	..	..	..	..	96	384
Walking Frames	..	..	..	..	..	..	..	..	..	392	1,274
Toilet Seats	..	..	..	..	..	..	..	..	..	76	448
Toilet Aids	..	..	..	..	..	..	..	..	..	44	154
Commodes	..	..	..	..	..	..	..	..	..	55	1,100
Ejectors	..	..	..	..	..	..	..	..	..	16	240
Bath Seats and Boards	..	..	..	..	..	..	..	..	..	201	500
Bath Rails	..	..	..	..	..	..	..	..	..	97	485
Bath Safety Mats	..	..	..	..	..	..	..	..	..	27	20
Cot Beds	..	..	..	..	..	..	..	..	..	18	540
Ripple Beds	..	..	..	..	..	..	..	..	..	10	475
Sani-Cushions	..	..	..	..	..	..	..	..	..	7	42
										1,329	£15,112

During the year the Council arranged to supply special pads for the nursing of incontinent patients at home and the Council's District Nursing Service required approximately 100,000 of them over the period of 12 months. It should be recorded that these pads, which are widely used and appreciated, are now being manufactured by trainees at one of the Council's centres for the subnormal.

VENEREAL DISEASE

Two women social welfare workers are attached to the venereal disease clinics in the County. They are responsible for tracing contacts of patients attending the clinics and following up those who do not maintain attendances for treatment. Following are the figures for contacts and defaulters for 1964:—

Number of persons visited	..	..	..	631
Number who attended for treatment	..	..	..	524

HEALTH EDUCATION

Reliance was mainly placed on personal approaches by County staff such as doctors, dental surgeons, health visitors, midwives, nurses, welfare officers, etc., in the normal course of their duties. Lectures on various aspects of health education were given at schools by Assistant County Medical Officers, and on request to various organisations.

New posters on the hazards to health of smoking were again issued to all local Medical Officers of Health, industrial firms and larger shops in the County.

YELLOW FEVER VACCINATION

During the year 922 persons were vaccinated at the County Hall clinic against yellow fever

CHIROPODY SERVICE

Increased use was made of the Chiropody Service by elderly and physically handicapped persons. Figures for the past four years are:—

	1961	1962	1963	1964
Number of domiciliary treatments provided by contractual chiropodists in private practice	9,510 (24%)	15,930 (26%)	19,364 (26%)	20,524 (23%)
Number of domiciliary treatments provided by County staff	2,325 (6%)	4,972 (8%)	5,433 (7%)	5,900 (6%)
Number of surgery treatments provided by contractual chiropodists in private practice ..	23,133 (56%)	27,644 (46%)	36,900 (48%)	43,396 (49%)
Number of treatments provided at County clinics	6,005 (14%)	12,149 (20%)	14,337 (19%)	19,888 (22%)
Total number of treatments	40,973	60,695	76,034	89,708

Of all treatments 95% were to persons of pensionable age and 85% to women.

The available staff at the end of the year was:—

- 1 Principal Chiropodist
- 12 Whole-time Chiropodists
- 8 Part-time Chiropodists
- 54 Chiropodists engaged on a fee for service basis.

ORTHOPAEDIC SERVICES

The arrangements made for the treatment of children suffering from Orthopaedic defects continued to operate during the year.

In 1964 there were 20,856 attendances at the non-hospital clinics compared with 21,766 attendances during 1963. Of the former figure 94.8% were children in attendance at maintained schools and 5.2% children under school age.

CARE OF MOTHERS AND YOUNG CHILDREN

NOTIFICATION OF BIRTHS

The notification of births for women resident in Kent in 1964 were:—

	<i>Domiciliary</i>	<i>Hospitals and Nursing Homes</i>	<i>Total Births</i>
Live births ..	11,298	20,256	31,554
Still births ..	59	419	478
	<u>11,357</u>	<u>20,675</u>	<u>32,032</u>

CENTRES AND CLINICS

The 290 Child Welfare Centres and 43 Ante-Natal and Post-Natal Clinics drew their medical staffs as follows:—

42 Full-time Medical Officers on the County staff attended	103 Centres and Clinics
5 Part-time Medical Officers on the County staff attended	13 Centres and Clinics
116 Doctors in general practice engaged on a sessional basis attended	162 Centres and Clinics
33 Doctors in private practice engaged on a sessional basis attended	49 Centres and Clinics
2 Medical Officers engaged on a part-time basis attended	6 Centres and Clinics
<u>198 Doctors attended</u>	<u>333 Centres and Clinics</u>

Attendances were:—

Child Welfare Centres

Children under 1 year	336,473	} Total attendances	523,682
„ 1–2 years	92,045		
„ 2–5 years	95,164		
Number of children under 1 attending for the first time	28 093		
Total number of children attending during the year	87,549		

Ante-Natal and Post-Natal Clinics

(attended by a Doctor)

First attendances	..	..	..	4,020
Subsequent attendances	..	..	..	9,669

Ante-Natal and Clinics

(attended by a Midwife)

Total attendances	..	..	..	55,773
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Relaxation and Mothercraft Classes

Attendances	..	..	..	..	12,788	Midwife in charge
„	..	..	..	..	10,437	Health Visitor in charge

SPECIAL CARE CLINICS

Heavy burdens are carried by the parents of handicapped children and this is particularly so in the pre-school years. Experience in Kent suggests that wherever possible such children should be kept in the home environment and residential care or extensive day care in special nurseries is not so conducive to development as when the mother provides the main care herself in the circle of family life.

As a result of experience gained from special advisory services to help such mothers of handicapped young children, first started as an activity in one infant welfare clinic in East Kent, a special series of clinics was started in the year at Aylesham, Deal, Westgate, Dover and Herne Bay, to help mothers of young children having various kinds of severe physical handicaps. It is becoming increasingly manifest that, in addition to the services from hospitals and family doctors, mothers of these children are greatly encouraged and helped by regular advisory sessions from doctors, nurses, speech therapists, physiotherapists and other health service staffs. At the type of clinics now in being opportunities are provided for parents to meet one another and from exchanges of experience individual mothers get help, advice and support.

Each special clinic is in charge of a leader with professional qualifications in either nursing or infant teaching and by assistants varying in number according to the size of the clinic. The whole enterprise is supervised by Dr. J. R. Ludlow, who started the original arrangements as a development from her regular clinical duties.

The children attending are varied in their conditions and included among the 104 on the register at the end of the year were 16 mongols, 11 cases of spina bifida and hydrocephalus, 17 of cerebral palsy, 10 with defects of speech, 3 autistic children, and 1 severely deaf.

The results so far have been very encouraging and the improvement and better development of many of the children has been marked. The main factors in this are undoubtedly the stimuli given to the children by association and competition with others. These stimuli are generally denied to most handicapped young children because their disabilities tend to make their parents over-protective and as a consequence the children's lives are inclined to be solitary and lacking in the play, colour and activities open to other children who have regular association on equal terms with their fellows. The mothers concerned have expressed their appreciation at the services provided at these clinics and a number have made the point that what is being done to help them and their children is, to them, an indication of the Council's recognition, and acceptance, of the special difficulties that exist in the upbringing of severely handicapped children at home. The results so far achieved make it obvious that this service needs to be expanded over the whole County but a limiting factor will undoubtedly be the difficulty in recruiting staff who, in addition to the right kind of experience, have the patience, sympathy and keen personal interest that are so necessary to deal with children whose rate of progress must inevitably be slow—in some cases distressingly so.

INCIDENCE OF CONGENITAL MALFORMATIONS

From the 1st January 1964, all congenital malformations apparent at birth of children, whose home addresses were in the County and who were born in the County or elsewhere, have been recorded. The object of the scheme, which includes still-births as well as live-births, is to enable the Registrar General to compile statistical information from which it should be possible to detect any national or regional variation in the incidence of malformations.

During 1964 the Registrar General was given information about 379 children having one or more congenital malformations.

UNMARRIED MOTHERS AND THEIR CHILDREN

Financial responsibility for the residential care of 263 unmarried mothers and their babies was accepted at voluntary homes.

The responsibility for the management of the Council's Mother and Baby Home, Heatherlands, Tunbridge Wells, was transferred during the year to the Rochester Diocesan Council. This arrangement permitted all the accommodation provided in five homes administered by the Rochester Diocesan Council to be provided as part of a unified service.

HEALTH VISITING

At the end of the year there were 252 health visitors, including eight part-time officers and 11 student health visitors.

Health visitors work in close association with general practitioners and there has been an increase in the number of regular meetings between health visitors and general practitioners for discussions on cases of mutual interest. At the year's end there were 31 general practitioner clinics with health visitors in attendance.

The number of children under five years of age visited during the year totalled 142,467. Visits were paid to 5,632 expectant mothers and 31,677 children under one year of age. The number of families or households visited was 101,973 and the total number of visits paid by health visitors was as given below:—

To expectant mothers	..	..	..	..	..	..	5,632
To children under 1 year	..	..	..	..	..	..	178,694
To children aged 1 and under 2 years	..	..	..	..	..	..	98,651
To children aged 2 and under 5 years	..	..	..	..	..	..	164,307
To patients with tuberculosis	..	..	..	..	..	..	20,570
Other visits (hospital care, care of old people, etc.)	..	..	..	..	..	..	28,020
TOTAL VISITS							495,876

Health visitors made at least one home visit for each notified birth. Subsequent visits were made on a selective basis according to needs.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

At the end of the year 114 premises with accommodation for 3,358 children were registered. There were 140 child minders registered for a total of 1,517 children. Medical officers and health visitors regularly inspect these premises.

DENTAL TREATMENT

During the year there was no variation of the arrangements made for the care of mothers and young children. The equivalent of 1.25 dental surgeons spent 483 sessions on the inspection and treatment of 277 mothers and 868 children under school age in 57 permanent clinics, and in four mobile caravans visiting rural districts. Details of the work carried out during the year for mothers and young children with comparable figures for 1963 are given in the table below:—

Expectant and Nursing Mothers

<i>Year</i>		<i>Examined</i>	<i>Commenced Treatment</i>	<i>Completed Treatment</i>
1963		340	330	217
1964		304	277	172

Children under School Age

1963	..	..	958	871	823
1964	..	..	927	868	812

In addition to the above work the dental hygienist scaled and polished the teeth of 2,180 in 466 sessions.

Details of work carried out by the dental staff is given below:—

TABLE "A"

Expectant and Nursing Mothers

Number treated	..	..	..	277
Number made dentally fit	..	..	..	172
Number of attendances	..	..	..	1,257
Number of extractions	..	..	..	508
Number of scalings and gum treatment	..	..	..	392
Number of teeth filled	..	..	..	543
Number of fillings inserted	..	..	..	640
Number of other operations	..	..	..	769
Number of dentures supplied	..	..	..	142
Number of dentures repaired	..	..	..	7

TABLE "B"

Children under School Age

Number treated	..	..	..	868
Number made dentally fit	..	..	..	812
Number of attendances	..	..	..	3,265
Number of extractions..	..	..	..	679
Number of silver nitrate treatment	..	..	..	1,361
Number of teeth filled	..	..	..	1,610
Number of fillings inserted	..	..	..	1,791

WORKSHOPS

During the year the technicians have been fully employed in the manufacture of artificial dentures and orthodontic appliances and the return of work to the dental clinics has been efficiently maintained.

Table "C" below shows the work carried out in the County Workshops:—

TABLE "C"

Mothers and Young Children

<i>Dentures</i>	<i>Denture Repairs</i>
142	7

School Children

<i>Dentures</i>	<i>Repairs</i>	<i>Crowns, Bridges, Inlays, etc.</i>
339	25	90

DOMESTIC HELP SERVICE

The following figures show needs in the 12,168 households where service was provided:—

(i) Aged persons	..	..	..	..	..	..	7,929
(ii) Chronic sick and persons suffering from tuberculosis..	..	..	..	..	..	..	665
(iii) Mentally disordered persons	..	..	..	..	..	..	47
(iv) Maternity	..	..	..	..	..	..	2,132
(v) Other illness	..	..	..	..	..	..	1,395
The average number of helps employed part-time was	..	..	..	..	..	..	1,414

FAMILY CARE SERVICE

The service exists to provide temporary help during the absence of the mother in households with two or more children in circumstances when, if such help was not available, there would be no alternative but for the Children's Committee to take the children into care and 445 applications were made for it in 1964 as compared with 492 in 1963. Help was provided for 316 families for an average of twenty-one days' service per child and covered the care of 1,095 children. The reasons for this service included the admission of the mother to hospital (150), institutional confinement (117), desertion of the mother (34) and death of the mother (6).

Of the 129 applications for whom service was not provided during the year, 68 families eventually made their own arrangements, 10 presented conditions making it eventually necessary to take the children into care. In 15 cases help became unnecessary and in 13 instances the provision of Domestic Help met all needs. The balance of 23 applications represented needs to be met in 1965.

FAMILY WELFARE SERVICE

The Family Welfare Service, which is provided free of cost to the parents, allows intensive training for a period of three months to be given in households by workers who teach the mother methods of housecraft including cleaning, cooking, washing and budgeting. The course of training is succeeded by a follow-on course of six hours a week for nine months. In the case of families where there is medical evidence of mental subnormality in one or more members, consideration is given to the service continuing after the initial period of three months for not more than 12 hours weekly until the youngest child of the family reaches compulsory school age.

The Family Welfare Service is considered in the following circumstances:—

- In households where the habits, behaviour and standards of living in the family are very low and the provision of the service is likely to raise the standard of living of the family, to improve the welfare of the children and prevent the break-up of the family.
- In the rehabilitation of families who are being rehoused and who have been previously evicted from their homes through arrears of rent or being unsatisfactory tenants.
- Where advice on household management and budgeting may defer or prevent the eviction of families who are District Council tenants and who have fallen into arrears with rent. The existence of rent arrears is, however, not of itself a reason for the service being provided.

Special arrangements apply in the case of:—

- Selected families living in the Council's temporary accommodation at King Hill Hostel whereby if a District Council, after having considered a full report on the social and economic circumstances of a family, is willing to offer housing on or before the expiration of the full period of temporary care, the County Council will guarantee to reimburse any rent losses for a period up to two years if both parents sign a written agreement that they will accept the Family Welfare Service for such a period as is deemed necessary for the needs of the family.

During 1964 three families were rehoused from King Hill Hostel under these arrangements.

- Where there are children in the County Council's care and where, without a rent guarantee, there is no immediate prospect of rehousing the family by a District Council, the County Council will offer a rent guarantee for a period of two years, subject to:—
 - the basis of rehousing being contingent upon the children being taken out of care and reunited with their families and
 - an acceptance by the family of the Family Welfare Service or other social services provided by the Health and Welfare Committee to the extent considered necessary in individual cases.

Three families from furnished rooms with children in the care of the County Council were rehoused under these arrangements during 1964.

During the year 137 applications for Family Welfare Services were considered as follows:—

Source	No.	Family Welfare Service provided	Family Welfare Service pending	Family refused to accept service	Not considered justified	Not rehoused. Impossible to provide service
Housing Authorities ..	74	30	4	29	11	—
Health Visitors ..	44	30	3	6	5	—
Children's Officer ..	12	1	4	1	6	—
N.S.P.C.C. ..	3	1	—	1	1	—
Co-ordinating Committee ..	1	1	—	—	—	—
Probation Officer ..	1	—	—	—	1	—
Social Worker ..	1	—	—	—	1	—
Residential Services ..	1	—	—	—	—	1
TOTAL ..	137	63	11	37	25	1

Applications for rehabilitation were made for families in the following categories:—

	No.
(a) For families lacking in household management and child care	57
(b) For families threatened with eviction for non-payment of rent	40
(c) For families receiving consideration for rehousing and recovery of children in care	11
(d) For families rehoused from furnished rooms	11
(e) For families rehoused from King Hill Hostel	8
(f) „ „ „ „ Common Lodging Houses	3
(g) „ „ „ „ condemned property	3
(h) „ „ „ „ overcrowded dwellings	2
(i) „ „ „ „ derelict van	1
(j) „ „ „ „ rehabilitation centre	1
TOTAL	137

For the first time since Family Welfare Service started in 1957 the requests from Housing Authorities have exceeded all others, and 334 children were involved in the 74 families concerned. The majority of the 40 families not provided with service were threatened with eviction for non-payment of rent and although there were no circumstances calling for the specialised rehabilitation measures of the Service the staff investigation in certain cases brought home the seriousness of the situation and was followed by clearance of arrears.

FURNITURE AND HOUSEHOLD EQUIPMENT

In addition to the usual arrangements whereby Domestic Help Organisers collect and deliver furniture and equipment given voluntarily for problem families, arrangements were made on a larger scale than before for a considerable amount of such goods to be stored under voluntary arrangements so that urgent needs of families could be met.

RESULTS OF SERVICE

During 1964 115 families—21 more than in 1963—had Family Welfare Service, 63 commencing the initial service and 52 continuing from the previous year.

Assessment of results in the 115 families indicates:—

(i) Considerable success	40%
(ii) Partial success	36.5%
(iii) No apparent success	23.5%

REHABILITATION OF PROBLEM FAMILIES

Responsibility for the maintenance of problem families at rehabilitation centres for limited periods is accepted in cases where, because of unsuitable housing conditions or other special reasons, the Family Welfare Service cannot effectively function. Rehabilitation centres mean that the training of the family is not carried out in the actual home, as is the case with the Family Welfare Service, the husband has to give up his normal employment and obtain temporary work and if the family has to be rehoused at the end of the period of rehabilitation, delay can arise in the provision of accommodation. For these reasons rehabilitation by means of the Family Welfare Service is preferred and no families were sent to rehabilitation centres in 1964.

NIGHT ATTENDANT AND EVENING SERVICE

During the year 386 applications were made for this service. In 322 cases help was provided, 218 for night service and 102 for evening service and 2 for both services. The sources from which these requests for services were received followed the usual pattern, 190 coming from the patients' doctors. At the close of the previous year service was being given in 86 cases, so that a total of 408 was served during 1964. Of this figure, 337 cases ended during the year, the principal reasons being admission to hospital or to a home (101), improvement (74) or through death (88).

In the 64 cases where help was not provided, a helper was found after all not to be necessary or other arrangements were made.

MIDWIFERY AND DISTRICT NURSING SERVICES

The professional staff numbers 7 senior midwifery and nursing officers, 141 whole-time midwives, 188 whole-time nurses, 131 whole-time nurse-midwives and 24 part-time midwives and nurses. The lay officer staff numbers 7.

MIDWIFERY SERVICE

The domiciliary midwives practising at 31st December, 1964, the number of home deliveries attended by midwives during the year and the corresponding figures for 1963, in brackets, are:—

	<i>Number of Midwives practising as at 31.12.64</i>	<i>Number of deliveries attended by Midwives during 1964</i>
Midwives and Nurse/Midwives employed by the County Council	283 (276)	11,123 (10,976)
Other Domiciliary Midwives	17 (18)	39 (39)

The Midwives Act, 1951, requires the Council to exercise supervisory duties over all midwives, including those in hospitals and nursing homes. The numbers of institutional midwives practising in the County at the end of 1964 with the corresponding figures for the previous year in brackets are—

In R.H.B. Hospitals	312 (296)
In Voluntary Institutions	5 (2)
In Private Nursing Homes	7 (11)
In Military Families Hospitals.. .. .	8 (6)

DOMICILIARY CARE OF HOSPITAL PATIENTS

The increased demand for hospital maternity beds necessitated the discharge of a considerable number of patients to the care of domiciliary midwives before the end of the puerperium and in many instances shortly after the delivery. In 1964 there were 4,029 maternity patients transferred early from institutional to domiciliary care as compared with 3,111 in 1963.

INHALATIONAL ANALGESICS

By 1948 all County Midwives were trained and equipped to provide inhalational analgesia for the relief of pain in childbirth. In 1955 the Central Midwives Board approved the use of appliances for trichloroethylene and in view of its advantages a commencement was immediately made in the Council's midwifery service. By 1961 all County midwives had the necessary apparatus.

The Ministry of Health and the Central Midwives Board asked for arrangements to be made for County midwives to take part in the field trial of six prototype Entonox analgesia inhalers designed for the safe administration of a gas consisting of equal parts of nitrous oxide and oxygen, a unique feature of the gas being that for the first time a way had been evolved of pre-mixing the hitherto incompatible components.

At the end of the year the trial was still proceeding but the information already provided by the district midwives taking part had been found to be of considerable value towards the perfecting of the machine for its use in district midwifery. It is expected, therefore, that it will be found possible to produce a sufficient quantity of Entonox inhalers during 1965 so as to continue to supply them to other County midwives as replacements for their existing inhalers.

MATERNAL MORTALITY

A maternal death is one due to or associated with pregnancy, child-birth or abortion. As part of a continuing national enquiry, it is the practice to investigate confidentially the circumstances of each death ostensibly due to or associated with maternal factors. During 1964 fifteen such investigations were made of the deaths of women resident in Kent.

DISTRICT TRAINING OF PUPIL-MIDWIVES

All pupil-midwives must have three months' training in district midwifery. They receive instruction from district midwives approved as teachers by the Central Midwives Board and at the end of the year 67 County midwives were so qualified.

During the year 153 pupil-midwives completed their domiciliary training with County midwives as compared with 156 in the previous year and 134 in 1962.

COURSE OF INSTRUCTION FOR MIDWIVES

The Rules of the Central Midwives Board require midwives who are in regular practice to attend a residential midwifery refresher course at intervals of five years. During 1964 arrangements were accordingly made for 60 of the Council's midwives and nurse-midwives.

In 1924 the Council started to hold non-residential refresher courses of one week's duration for midwives and apart from the interruption of the war years and except during 1948 and 1957, these courses have been held annually. The one in September 1964 was the thirty-third with an average daily attendance of 190 midwives.

OFF-DUTY RELIEF ARRANGEMENTS

The method employed to provide the equivalent of a five-day week for midwives and nurses varies from area to area according to local agreement and wishes, but basically a total is given of eight days of off-duty in every twenty-eight.

DISTRICT NURSING SERVICE

The number of patients attended and the total number of nursing attendances made on them by district nurses in each of the years 1958 to 1964 are:—

No. of Individual Patients attended during:—						
1958	1959	1960	1961	1962	1963	1964
27,298	25,760	24,342	24,087	23,020	23,992	23,911

No. of Nursing Attendances made during:—						
1958	1959	1960	1961	1962	1963	1964
800,353	755,136	724,151	717,212	688,071	675,880	676,298

The year 1958 is selected as the commencement of these comparisons because it was the first year since the start of the National Health Service that there had not been an increase in the demands made on the services of the district nurses.

Of all patients seen during the year, 64.1% were sixty-five years of age or over, the comparable figure for 1963 being 64.7%; the nursing attendances to this group of persons formed 69.7% of the total as compared with 67.8% in the previous year.

During 1964 there were 6,637 patients who received 202,570 visits solely for the giving of injections; the comparable figures for 1963 were 6,345 patients and 199,503 visits.

POST-CERTIFICATE TRAINING

Since 1950 the Council has held an annual non-residential post-certificate refresher for its district nurses; normally this takes the form of a number of lectures and demonstrations given at a particular centre during the course of one week. Such a refresher was held during 1964 with an average daily attendance of 190 nurses.

DISTRICT NURSE TRAINING

The Council is approved by the Ministry of Health to provide courses of instruction in district nursing for the National Certificate in District Nurse Training.

The training enables the nurse to become efficient in district nursing and includes the adaption of hospital nursing techniques to nursing in the home, the nursing of illnesses met infrequently in hospital, sufficient knowledge of the social services to recognise when one or more of these services might be necessary for the patient's welfare, the teaching of home care to relatives of the patient and the use of opportunities for health education.

The training lasts for a maximum of sixteen weeks, but this period is reduced to one of twelve weeks in the case of candidates with particular experience and qualifications.

The Council's fourth and fifth courses, for its own district nurses who had not attended previously an approved course in district nursing, were held during 1964 involving a total of 29 candidates, all of whom were successful in the examinations for the National Certificate.

BLIND AND PARTIALLY SIGHTED PERSONS

There were 3,610 registered blind persons in the County at the 31st December, 1964, having the age-sex grouping of:—

							Approx. number of registered blind persons per 10,000 population in respective age groups
Age group				Male	Female	Total	
Under 1	..	..	..	—	—	—	2.13
1	..	..	..	2	2	4	
2	..	..	..	1	2	3	
3	..	..	..	1	—	1	
4	..	..	..	4	3	7	
5—10	..	..	..	17	15	32	26.39
11—15	..	..	..	30	12	42	
16—20	..	..	..	16	20	36	
21—29	..	..	..	42	24	66	
30—39	..	..	..	66	46	112	
40—49	..	..	..	112	84	196	
50—59	..	..	..	118	129	247	
60—64	..	..	..	110	119	229	
65—69	..	..	..	129	193	322	
70—79	..	..	..	336	608	944	
80—84	..	..	..	173	424	597	
85—89	..	..	..	102	353	455	
90 and over	..	..	..	77	240	317	
TOTALS	..	..	..	1,336	2,274	3,610	

Number on the register at 31.12.1963..	..	..	..	3,522
(a) New cases during 1964	..	..	..	443
(b) Re-registered during 1964	..	..	..	1
(c) Transfers in from other areas	..	..	..	80

524

(d) Died during 1964	..	..	..	350
(e) De-certificated during 1964	..	..	..	9
(f) Transfers out to other areas	..	..	..	77

436

Number on the register at 31.12.64	..	..	..	3,610
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There were 930 registered partially sighted persons at the 31st December, 1964, having the age-sex grouping of:—

							Approximate number of registered partially sighted persons per 10,000 population in respective age groups
Age Group				Male	Female	Total	
0—1	..	..	..	—	—	—	1.96
2—4	..	..	..	2	5	7	
5—15	..	..	..	38	37	75	
16—20	..	..	..	21	16	37	6.35
21—49	..	..	..	82	80	162	
50—64	..	..	..	51	67	118	
65 and over	..	..	..	164	367	531	
TOTALS	..	..	..	358	572	930	

Number on the register at 31.12.1963..	..	..	..	866
(a) New cases during 1964	..	..	..	152
(b) Transfers in from other areas during 1964	..	..	..	28

180

(c) Died during 1964	..	..	..	47
(d) Sight deterioration during 1964	..	..	..	47
(e) Sight improved during 1964	..	..	..	2
(f) Transfers out to other areas in 1964	..	..	..	20

116

Number on the register 31.12.1964	..	..	..	930
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The following table shows the action taken concerning the examination of persons alleged to be blind during 1964:—

	Number of examinations	Certified Blind		Not certified Blind	
		Male	Female	Male	Female
NEW CASES	580	136	261	68	115
RE-EXAMINATIONS:—					
Previously blind—still blind	2	—	2	—	—
Previously blind—now not blind	4	—	—	2	2
Previously not blind—still not blind	42	—	—	13	29
Previously not blind—now blind	48	15	33	—	—
TOTALS	676	151	296	83	146

The number of St. Dunstaners registered is 79, of whom 43 are in employment, 1 is unemployed, and 35 are unemployable.

There are 16 home teachers who regularly visit the registered blind persons and keep in touch with those who are classed as partially sighted. Their duties include reporting on new cases with a view to registration and teaching Braille, Moon and pastime handicrafts in suitable cases. This pastime work is taught either in the homes of the blind persons or at special classes when the number attending justifies such arrangement.

The home teachers have formed and in some cases attend social clubs where an opportunity is provided for refreshment, education and games. Their duties are arranged to enable them to undertake certain enquiries and services for the Kent County Association for the Blind. Although approval was given in 1961 for the establishment of home teachers to be increased from 15 to 18, it has still not been possible to fill one of the three additional posts and a further post has been vacant since an officer left the service on 31st March 1964.

One unqualified home teacher has been seconded to the training course organised by the Southern Regional Association for the Blind from September 1964 to July 1965.

Provision was made for a new post of Supervisory Home Teacher of the Blind and the officer appointed took up his duties on the 2nd November 1964.

During the past year the home teachers made 18,777 visits, gave 925 lessons in Braille or Moon and 8,446 lessons in pastime handicrafts for blind persons and 1,078 visits, 62 lessons in Braille or Moon and 200 lessons in pastime handicrafts for partially sighted persons.

WORKSHOP EMPLOYMENT

There were 12 men and 4 women employed in workshops administered by voluntary organisations.

The rates of pay in the workshops are agreed rates fixed through the appropriate negotiating procedure. The workers' actual earnings are augmented by a sum of 15s. 0d. a week and additional supplementation as is necessary to bring the earnings plus augmentation up to an agreed minimum wage. The augmentation and supplementation is paid by the Council.

Under the Home Workers Scheme blind persons wishing to work on their own account can do so in their homes, at occupation centres or elsewhere other than in special workshops, except that no blind person can participate in these arrangements unless he can satisfy the Council that he can earn a specified sum each week for a continuing period.

The Council augments earnings of Home Workers, the amounts ranging between £4 11s. 0d. for men on net earnings of up to £4 10s. 0d. a week, reducing to £1 11s. 0d. on net earnings over £10 8s. 0d. a week, with reduced rates for women.

The arrangements cover payments during sickness, unemployment and holidays, and tests for admission to and retention in the scheme.

At 31st December, 1964, there were 39 persons in the Home Workers Scheme—28 males and 11 females. The trades followed, and the number in each, were as follows:—

	Male	Female
Basket makers	6	—
Chair seaters	3*	—
Hand knitters	—	2
Machine knitters	—	9
Mat makers	2	—
Piano tuners	13	—
Braille copyists	1	—
Woodworkers	1	—
Tea Salesman	1	—
Music teacher	1	—

* Includes one partially-sighted person.

Home Workers are supervised by the Royal National Institute for the Blind, the National Library for the Blind, the Home Teachers and District Officers of the Department and receive assistance in the disposal of their products.

THE FOLLOWING TABLE SHOWS THE AFTER CARE PROVIDED FOR REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

No. of registered cases in respect of whom Section F of B.D.8 recommended during 1964:—	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
(a) No treatment	84	57	—	246	387
(b) (1) Medical treatment ..	23	14	—	85	122
(2) Surgical treatment ..	63	8	—	14	85
(3) Optical treatment ..	6	1	—	30	37
TOTALS ..	176	80	—	375	631
(c) No. of cases at (b) above which on follow-up action have:—					
(1) Received treatment ..	24	5	—	34	63
(2) Commenced and were continuing treatment ..	17	10	—	54	81
(3) Deferred treatment ..	20	4	—	11	35
(4) Been found unfit for treatment	12	—	—	4	16
(5) Refused treatment ..	10	1	—	3	14
(6) Died	7	1	—	12	20
(7) Left the County before follow-up completed ..	2	2	—	11	15
TOTALS ..	92	23	—	129	244

OPHTHALMIA NEONATORUM

Four cases of Ophthalmia Neonatorum were notified during the year. There was no loss or impairment of vision and no case remained under treatment at the end of the year.

WELFARE SERVICES FOR THE HANDICAPPED

HANDICAPPED PERSONS OTHER THAN THE BLIND, PARTIALLY SIGHTED AND DEAF OR DUMB

A central register is maintained of handicapped persons assisted under the Council's arrangements and details at 31st December, 1964, were:—

	<i>Children under 16</i>	<i>Persons aged 16-64</i>	<i>Persons aged 65 and over</i>	<i>Total</i>
Males	10	694	284	988
Females	6	674	353	1,033
TOTAL	16	1,368	637	2,021

A total staff of 52 act, in addition to other work, as welfare officers to give help and advice to handicapped persons and assist them to overcome the effects of their disabilities. Arrangements were made for adaptations to be carried out at the homes of 74 handicapped persons of which 21 were the construction of runs-in and pavement crossings to facilitate storage of invalid vehicles supplied by the Ministry of Health; 39 involved fitting of handrails and ramps; 10 involved more extensive alterations to provide suitable lavatory and bathing facilities for handicapped persons. The most expensive adaptation was the provision of a ground floor bedroom, bathroom and lavatory so as to enable a severely handicapped person, unable to climb stairs, to live at home. This work cost £274. The total cost of adaptations carried out during the year was £2,488. Financial help was given by the Council towards the cost of 23 clubs organised by the British Red Cross Society and other voluntary agencies for handicapped persons. The ambulance service was used in 68 cases to take handicapped persons to clubs where they were incapable of using other means of transport.

Holidays of up to two weeks in any year are provided to handicapped persons who are homebound, chairbound or where there are other circumstances which would make it difficult for them otherwise to obtain a holiday. During the year 235 handicapped persons were assisted to take holidays.

Specially designed aids to help those who have only limited use of hands or limbs to attend to their personal and everyday needs were supplied to 75 handicapped persons.

There was an establishment of ten Craft Instructors whose function it is to assist homebound handicapped persons to engage in remunerative or diversionary occupations and, if possible, to obtain outwork from local firms for handicapped persons to do at home. It was impossible to fill the staff establishment during the year—one vacancy still exists.

Tools and equipment are supplied on loan and an initial free issue of materials is made to those who are capable of being taught to make saleable articles with subsequent supplies being provided at cost. Handicapped persons who cannot make articles which can be sold and who need pastime occupations of a diversionary character are supplied with the necessary small amounts of materials free.

In 1964 the Craft Instructors made 12,723 visits and assisted 776 handicapped persons to undertake some form of work.

An Industrial Work Organiser, to be responsible for obtaining industrial outwork from factories throughout the County, took up duties during the year. Since his appointment he has been in touch with a number of firms and obtained sufficient outwork to ensure a steady flow of outwork to homebound handicapped persons, and to the Adult Training Centres for subnormal persons.

Outwork for 178 handicapped persons was obtained from the County Supplies Department and 13 private firms. The work done for the County Supplies Department included the making of bean bags, radiator covers, hot water bottle covers, leatherwork, children's toys and clock repairs and from private firms included folding and assembling greetings cards, threading drawstrings in plastic toilet bags, work in connection with the making of children's books and toys, assembling electrical components and the painting of pottery prior to glazing.

Car badges are issued by the Council to certain categories of disabled drivers to assist them in overcoming difficulties in parking. The badges confer no legal rights or privileges but enable disabled drivers to be readily identified so that the police and other road users can help them find suitable places in which to park their vehicles. During the year badges were issued to 79 severely disabled drivers, making a total of 632 since the introduction of the scheme in 1961.

The Canterbury Diocesan Association for the Deaf act as agents of the County Council for the purpose of providing, in East Kent, the services prescribed by the mandatory provisions of the Council's approved scheme for the welfare of the deaf or dumb. The Royal Association in Aid of the Deaf and Dumb acted in a similar capacity for the western area of Kent up to the 31st October, 1964, when, at their request, the agency arrangements were terminated. A Welfare Officer for the deaf was appointed to the Council's staff and a direct service is now provided in West Kent.

AMBULANCE SERVICE

The Ambulance Service is provided from 16 County ambulance stations and two stations operated by the St. John Ambulance Brigade under agency arrangements; one of the latter is a small country station manned by volunteers. A joint service is operated with the Canterbury City Council covering the City and the surrounding County area. Supplementary transport for sitting patients is provided in some areas by the Hospital Car Service. The Council provides a general ambulance service on behalf of the East Sussex County Council for a small area of that authority.

During the year 21,356 emergency calls were answered. The average time taken to reach the scene from the receipt of the call was 6.3 minutes. The number of emergency cases was 23,592, slightly less than 3% of all patients carried.

The work of the service in 1964 as compared with 1963 was:—

<i>Ambulance Service Vehicles</i>	<i>1963</i>	<i>1964</i>
Total mileage	4,053,662	4,261,480
Number of journeys	142,487	152,048
„ „ patients carried ..	737,685	804,417
„ „ emergency cases ..	22,701	23,592
<i>Hospital Car Service</i>		
Total mileage	173,568	187,937
Number of journeys	3,107	3,594
„ „ patients carried ..	7,617	7,306
<i>Whole Service</i>		
Total mileage	4,227,230	4,445,417
Number of journeys	145,594	155,642
„ „ patients carried ..	745,302	811,723
Average miles per patient ..	5.93	5.5
Patients conveyed by rail ..	4,389	4,687
Babies born in ambulances ..	40	14

MENTAL HEALTH SERVICE

The following figures show the increased services provided by the Council:—

SERVICES FOR MENTALLY ILL PERSONS

	1962	1963	1964
(a) Persons requiring mental after care and referred from hospitals and other sources during the year	406	456	533
(b) Persons requiring mental after care and receiving home visits from mental welfare officers at the year's end	355	433	587
(c) Persons placed in homes or hostels where the Council accepted financial responsibility	30	33	42

SERVICES FOR MENTALLY SUB-NORMAL PERSONS

(a) Persons receiving home visits from mental health staff at the year's end	2,440	2,563	2,699
(b) Persons attending Training Centres at the year's end	730	826	941
(c) Persons receiving Home Teaching „ „ „ „	137	86	80
(d) Persons under Guardianship „ „ „ „	4	4	2
(e) Persons resident in Council Hostels „ „ „ „	—	—	39
(f) Persons provided with short term care in Council Hostels	—	—	22

Two members of the Staff in Training Centres obtained the Diploma in Mental Health during the year and two were attending a course at the end of the year. A three-day Refresher Course for all training centre staff and home teachers was held at Hildenborough Centre during the Easter holidays with an average daily attendance of 105.

One Mental Nursing Home and 15 Residential Homes were registered under the Mental Health Act at the end of the year.

In February, 1964, an extension was opened at Rochester Training Centre providing an industrial work unit for 36 adult trainees.

The new training centre and hostel opened at Folkestone in March, 1964. The hostel provides 21 resident places for mentally subnormal children aged 5 to 16 years and the training centre has 80 non-resident places for trainees of all ages. Thanet training centre and hostel opened in September, 1964. It has accommodation for 20 resident mentally subnormal children with 80 places in the training centre on the same basis as Folkestone.

In each case the new and increased facilities provided have been used to their maximum capacity.

MENTAL HEALTH—RESIDENTIAL CARE

The Mentally Ill

The Mental Health Act, 1959, increased the Council's responsibilities for the care of the mentally disordered, but up to December, 1964, the new requirement for residential care of persons who were, or had been, mentally ill only covered 64 people. In providing for these 64 persons over a period of four-and-a-half years, experience showed their distinctive needs divided into two main requirements. First there are those—23 or 36% needing support and supervision leading to return to ordinary life. The second group—41 or 64% are persons with long-term residual mental disability who cannot benefit from further hospital treatment and whose need is for a suitable home.

An analysis of the 23 accepted the assumption of return to ordinary life showed:—

Number obtaining employment and settling in lodgings	9
Number obtaining residential employment	5
Number still in hostels	6
Number returned to families	1
Number returned to hospital	2

ENVIRONMENTAL HEALTH

Under the Rural Water Supplies and Sewerage Acts, County grants have continued for sewage works in rural districts. During the year five extensions of existing schemes and the improvement of two other sewage disposal works were agreed.

The estimated capital cost of schemes for grain aid was £5,975,861 and this involved County grants of £104,825 for the financial year.

There were 14 schemes for water mains extensions involving capital costs of £141,977 and County grants of £3,960 for the financial year.

Local authorities in the County submitted samples of distributed water supplies for bacteriological and chemical examination as follows:—

	Bacteriological	Chemical
(a) from statutory water supply undertakings*	1,853	144
(b) from private sources piped to dwellings	182	11
(c) from other private sources	151	33

* Excluding Metropolitan Water Board area of supply.

The Mid-Kent Water Company also makes reports available on sources of water (i.e., of raw untreated water).

Out of a total of 536,527 dwellings in Kent, 1,347 do not have public water mains or other adequate piped supplies.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963

There were 1,200 dealers licensed by the Council within the following categories:—

Dealer's (Untreated) Licences	..	..	..	..	..	7
Dealer's (Pasteuriser's) Licences	..	..	..	..	..	9
Dealer's (Steriliser's) Licences	..	..	..	..	..	1
Dealer's (Pre-Packed Milk) Licences	..	..	..	..	..	1,200

On the 1st October, 1964, the Milk (Special Designation) Regulations, 1963, became fully operative thus discontinuing the use of the designation "tuberculin tested". The designation now used for raw milk is "Untreated".

The prescribed tests for milk samples are:—

Untreated Milk—Methylene Blue Test

Pasteurised Milk—Phosphatase Test and Methylene Blue Test

Sterilised Milk—Turbidity Test

The Methylene Blue Test is a test of the keeping quality of milk, whilst the Phosphatase Test and Turbidity Test check the adequacy of heat treatment procedures. Sampling of milk supplies for the prescribed tests is carried out by the Weights and Measures Department and samples are examined by the Public Health Laboratory Service. Health and Welfare Department officers investigate processing failures and enforcement procedures are applied where necessary.

The sampling in the County area and that of other Food and Drugs Authorities was:—

	No. of Samples Examined	Type	Appropriate Test	Passed	Failed
County Council sampling at processing plants	872	Pasteurised	Methylene Blue	835	4 (Plus 33 void)
	876	„	Phosphatase	873	3
	45	Sterilised	Turbidity	45	Nil
County Council sampling in course of distribution ..	1,657	Pasteurised	Methylene Blue	1,520	50 (Plus 87 void)
	1,657	„	Phosphatase	1,657	Nil
	6	Sterilised	Turbidity	6	Nil
	35	Untreated	Methylene Blue	30	2 (Plus 3 void)
Sampling by other Food and Drugs Authorities	1,033	Pasteurised	„	985	35 (Plus 13 void)
	987	„	Phosphatase	985	2
	110	Sterilised	Turbidity	110	Nil
	37	Untreated	Methylene Blue	31	5 (Plus 1 void)

The number of dairies authorised to pasteurise or sterilise milk was

	Pasteurisers	Sterilisers
Licences issued by the County Council	9	1
Licences issued by other Food and Drugs Authorities in Kent	11	Nil

The concentration of milk processing at the larger establishments has continued and the nine Dealer's (Pasteuriser's) Licences in the County area were for plant of the continuous flow "H.T.S.T." type used where large quantities of milk are processed. For the first time, no licence was in force for the batch-holder type of plant formerly used for the smaller dairies. The small number of failures of milk samples taken at processing dairies indicates that plant operation was of a high standard. One milk sterilisation plant is licensed by the County Council. It is of modern construction, dealing daily with some 3,000 gallons of milk and had no sample failures.

Hospital Dairy Farms

Milk sampling at six hospital dairy farms continued and all samples satisfied the Methylene Blue Test.

MILK-IN-SCHOOLS SCHEME

In consultation with District Medical Officers of Health, the County Medical Officer is required to approve the source and quality of school milk supplies. Wherever possible, approved supplies are of pasteurised milk and during the year all schools supplied under the scheme received such milk.

The work of sampling of school milk supplies in the areas where the County Council is the Food and Drugs Authority is included in the sampling programme by arrangement with the Chief Inspector of Weights and Measures. School milk samples are subjected to the prescribed tests for pasteurised milk and to examination for chemical composition. A summary of the results with the results of school milk samples taken by the other Food and Drugs Authorities shows:—

Authority	School Milk Samples (Pasteurised Milk)					
	Phosphatase Test		Methylene Blue Test		Chemical	
	Pass	Fail	Pass	Fail	Satis.	Unsatis.
Kent County Council ..	161	Nil	153	6	153	1
Other Food and Drugs Authorities	123	Nil	123	2	30	2

MILK AND DAIRIES (GENERAL) REGULATIONS, 1959

The number of dairies and distributors registered by district councils was:—

Number of registered dairies in the County area	74
Number of registered distributors in the County area	1,281
Number of registered dairies in other Food and Drugs areas ..	58
Number of registered distributors in other Food and Drugs areas ..	1,149

MEAT INSPECTION AND SLAUGHTERHOUSES

The District Council's staff made the following inspections:—

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	15,808	8,612	7,237	106,013	135,564	—
Number inspected	15,808	8,612	7,237	106,013	135,564	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned	28	40	31	380	154	—
Carcasses of which some part or organ was condemned	2,048	3,562	85	7,461	14,467	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	13.1	41.8	1.60	7.39	10.78	—
<i>Tuberculosis only:—</i>						
Whole carcasses condemned	—	2	—	—	8	—
Carcasses of which some part or organ was condemned	4	4	—	—	1,613	—
Percentage of the number inspected affected with tuberculosis	.025	.069	—	—	1.19	—
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	54	2	—	1	—	—
Carcasses submitted to treatment by refrigeration	50	2	—	1	—	—
Generalised and totally condemned ..	—	—	—	—	—	—

The Slaughterhouse position was:—

Slaughterhouses/ Abattoirs in Operation Owned or Leased by Local Authority	Private Slaughterhouses		Bacon Factories	Knackers' Yards
	Licensed	Operating		
3	37	33	2	5

Percentage of slaughtered animals inspected for
the purposes of the Food and Drugs Act, 1955

100%

RESIDENTIAL SERVICES

Residential accommodation provided by the Council under Part III of the National Assistance Act, 1948, is restricted to persons who, by reason of age, infirmity and any other circumstances, are in need of care and attention which is not otherwise available to them. In making such provision, the Act specifically precludes the Council from providing health services which are specialist services or services of a kind normally provided only on admission to a hospital. These two factors derive directly from the fundamental principles on which post-war legislation created the existing national and local Hospital, Health and Welfare Services:—

- (a) The provision of residential care and attention for non-sick persons was divorced from the purposes of the superceded legislation, which was designated as relating to the relief of the poor up to 1948.
- (b) The National Health Service Act, 1946, had given the Minister the duty, through the Regional Hospital Boards and Hospital Management Committees, to provide hospital accommodation to such an extent as he considers necessary to meet reasonable requirements. A Ministry of Health Circular of 1957 gives guidance, on the lines adopted "inter alia" by the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, as to the respective responsibilities by the Welfare Authorities and Hospital Authorities. This is still the basis for the provision of residential care in Kent and affords a good measure of mutual understanding with the several Group Geriatric Consultants.
It has been necessary as was envisaged by the Act in 1948, to provide Homes appropriate to the special requirements in four groups, for persons who:—
 - (i) while requiring much assistance in such matters as dressing and bathing, are capable of some measure of self-help, with nursing in the Home restricted to short periods of illness;
 - (ii) because of the degenerative changes of age—sometimes prematurely—need a great deal of assistance and substantial measures of care under the supervision of a nurse;
 - (iii) are mentally infirm;
 - (iv) whilst not mentally disordered, need specialised care because they cannot manage on their own in society—by experience predominantly men.

A fifth group is of younger persons with physical handicaps too severe for care at home. The persons concerned have such differences of conditions and the numbers are relatively so small that arrangements for them are made in a variety of special Homes run by voluntary organisations. The numbers are not increasing, for example, 239 in 1954 and 221 in 1964.

Accommodation at the Council's own Homes, and at Hospitals as a temporary arrangement, as at December, 1964, was:—

<i>Divisions in Ten-Year Plan (detailed on page 32)</i>		<i>No. of places according to types described</i>			
		(i)	(ii)	(iii)	(iv)
I. Pop. 318,480	<i>County Homes</i>				
Pop. over 65—36,057	Lubbock House, Orpington	42			
„ „ 75—14,193	Elmbank, Bromley	35			
	Durham House, Beckenham	57			
	Selwood, Chislehurst	36			
	Willet House, Chislehurst		50		
	Kingswood House, Beckenham		57		
	<i>Hospitals</i>				
	Orpington Hospital		45		
		170	152	—	—
II. Pop. 191,090	<i>County Homes</i>				
Pop. over 65—18,956	St. Mary's, Bexley	40			
„ „ 75—6,530	Russell House, Bexleyheath		50		
		40	50		
III. Pop. 215,590	<i>County Homes</i>				
Pop. over 65—21,238	Manor Gate, Wilmington	31			
„ „ 75—7,559	The Mount, Wilmington	32			
	Old Downs, Hartley	39			
	Holywell, Ash, Nr. Meopham	38			
	Darenth Grange, Darenth		59		
	Stanley Morgan House, Wilmington		57		
	Dene Holm House, Northfleet		60		
	<i>Hospitals</i>				
	St. James, Gravesend	67			
	West Hill, Dartford				40
	Bow Arrow, Dartford			22	
		207	176	22	40

Divisions in Ten-Year Plan

Divisions in Ten-Year Plan							No. of places according to types described			
							(i)	(ii)	(iii)	(iv)
IV.	Pop. 174,500	County Homes								
	Pop. over 65—19,170	Medway Homes, Rochester					183	28		
	„ „ 75—6,945	Hospitals								
		All Saints', Chatham					17			
							200	28	—	—
V.	Pop. 85,840	County Homes								
	Pop. over 65—11,624	Blackburn, Sheerness					37			
	„ „ 75—4,418	Court Regis, Sittingbourne						58		
		Benstead House, Faversham					58	52		
							95	110	—	—
VI.	Pop. 87,490	County Homes								
	Pop. over 65—17,974	Eastry House, Eastry					28			
	„ „ 75—6,881	Radley, Tankerton					31			
		The Close, Bridge					44			
							103	—	—	—
VII.	Pop. 99,940	County Homes								
	Pop. over 65—20,639	Brendon					24			
	„ „ 75— 7,625	Newmans								64
		Hospitals								
		Hill House, Minster						76		
							24	76	—	64
VIII.	Pop. 73,430	County Homes								
	Pop. over 65—10,925	Old Rectory, Smarden					31			
	„ „ 75— 4,180	Stanhope House, Ashford						62		
		Hospitals								
		West View, Tenterden					48			
							79	62	—	—
IX.	Pop. 137,050	County Homes								
	Pop. over 65—22,871	Portal House, Nr. Dover						65		
	„ „ 75— 8,761	Woodside, Dover					20			
		Cairn Ryan, Dover					25			
		Leahurst, Dover					20			
		General's Meadow, Walmer					38			
		Hospitals								
		“Westfield”, St. Mary's, Etchinghill					50	27		
							153	92	—	—
X.	Pop. 135,510	County Homes								
	Pop. over 65—15,795	Hartley House, Cranbrook							113	
	„ „ 75— 5,886	East Hall, Maidstone					39			
		Hospitals								
		Linton					69			
							108	—	113	—
XI.	Pop. 166,760	County Homes								
	Pop. over 65—22,633	Pembury Grange, Tunbridge Wells							40	
	„ „ 75— 9,618	Hardwick, Hildenborough						55		
		Sandhurst, Tunbridge Wells					30			
		Oakhurst, Hildenborough					21			
		Court Royal, Tunbridge Wells					31			
		Kippington House, Sevenoaks					39			
							121	55	40	—
TOTAL ..							1,300	801	175	104
GRAND TOTAL							2,380			

The County Council manages the establishments at The Close, Bridge, and Bensted House, Faversham, and, therefore, provides for the Regional Hospital Board 51 and 102 hospital beds, respectively, in these places. These beds are not included in the above totals.

919 persons were awaiting admission to Homes at the end of December, 1964, compared with 721 in 1963, an increase of 20%. This list is:—

I.	Beckenham, Bromley, Chislehurst, Orpington, Penge	174
II.	Bexley, Crayford, Erith, Sidcup	136
III.	Dartford, Dartford R., Swanscombe, Northfleet, Gravesend, Strood R.D. ..	81
IV.	Chatham, Gillingham, Rochester	65
V.	Sittingbourne, Faversham, Swale R.D., Queenborough, Sheerness, Sheppy R.D.	44
VI.	Whitstable, Herne Bay, Bridge-Blean R.D., Sandwich, Eastry R.D.	33
VII.	Margate, Broadstairs, Ramsgate	16
VIII.	Lydd, New Romney, Romney Marsh R.D., Tenterden, Tenterden R.D., Ashford, E. and W. Ashford R.D.'s.	43
IX.	Deal, Dover, Dover R.D., Folkestone, Hythe, Elham R.D.	87
X.	Maidstone, Maidstone R.D., Hollingbourne, Malling and Cranbrook R.D.'s	50
XI.	Tonbridge, Tonbridge R.D., Tunbridge Wells, Southborough, Sevenoaks, Sevenoaks R.D.	190
		919

22% of these persons were ready for discharge from hospitals. This, combined with the fact that of admissions in 1964 to Homes from hospitals, 60% were persons from whom there had been no prior application, indicates the need for the Council's large building programme. In the ten years 1954 to 1964 the waiting list increased by 107% but accommodation increased only by 32%.

The increase of 198 (20%) in the waiting list is illustrated briefly:—

New applications accepted in 1964	1,612
Resolved—by admission	904
by removal from list	510
	1,414
	198

Only 34 (2%) of new applications were unacceptable.

No-one is placed on to the list unless a visit establishes the need for care and attention within the meaning of the Act and, hence, if a vacancy in a home was available, admission would follow. It follows, therefore, that an essential part of the Council's services is for the District Officers to visit all persons on the waiting list at least once a quarter to review changed needs and also to ensure the fullest application of domiciliary services. For the following reasons 510 names were removed during the year from the waiting list for causes other than admission to Homes:—

Death	179
Admissions to hospital	37
Position deteriorated causing transfer to hospital waiting lists (not included in admissions above)	74
Care otherwise provided	
In private Old People's Homes	51
Friends or relatives	33
New housing accommodation with sufficient care ..	36
Condition improved to permit self-care	60
	180
Moved away and not traced	40
	510

457 persons with names on the waiting list were admitted to Homes together with a further 447 not on the waiting list but whose needs when reported required urgent care. Details of these 904 admissions were:—

	<i>From the Waiting List</i>	<i>No prior application</i>	<i>Total</i>
To Council's Homes not providing specialised care	212	87	299
To Council's Homes providing specialised care for—			
Advanced physical infirmity	138	34	172
Elderly mentally infirm	16	10	26
Socially inadequate men	10	—	10
To residential accommodation at hospitals—			
From own homes	41	17	58
From sick wards	—	95	95
To Homes provided by Voluntary organisations	40	88	128
Admission from hospitals in exchange for residents needing hospital care—			
From general hospitals to homes not providing specialised care		56	
From general hospitals to Homes providing specialised care for—			
Advanced physical infirmity		24	
Elderly mentally infirm		7	87
From mental hospitals to Homes not providing specialised care		13	
From mental hospitals to Homes providing specialised care for—			
Advanced physical infirmity		3	
Elderly mentally infirm		13	29
	<u>457</u>	<u>447</u>	<u>904</u>

Although an important need affecting the development of residential services for elderly persons is information about the reasons for seeking admission to Homes, there is little information on a national basis. In Kent an annual sample has been taken in each of the past eleven years covering 100 consecutive admissions starting on 1st October. These 1100 admissions are analysed:

The greatest proportion, 457 (41½%), were from hospitals, generally to secure admission of another resident for an Old People's Home. The 1955 and 1964 figures were identical.

Only 153 (14%) persons came from the homes of sons or daughters. The main reasons for these admissions were the poor health of daughters or daughters-in-law, or where such relatives had been admitted to hospital, died, were at work all day, or generally unable to cope. In very few instances was the admission necessitated by family discord. Admission of old people who had been living with other relatives or friends accounted for 98 (9%) and the reasons were similar.

112 (10%) had been in lodgings and the main reasons for their admission were because they had been evicted or that the landlady could no longer give the care required.

The major cause of admission, other than from hospital, was because old people living alone had reached the stage where they were unable to care for themselves or they were a danger to themselves. There were 249 (22½%) in this category.

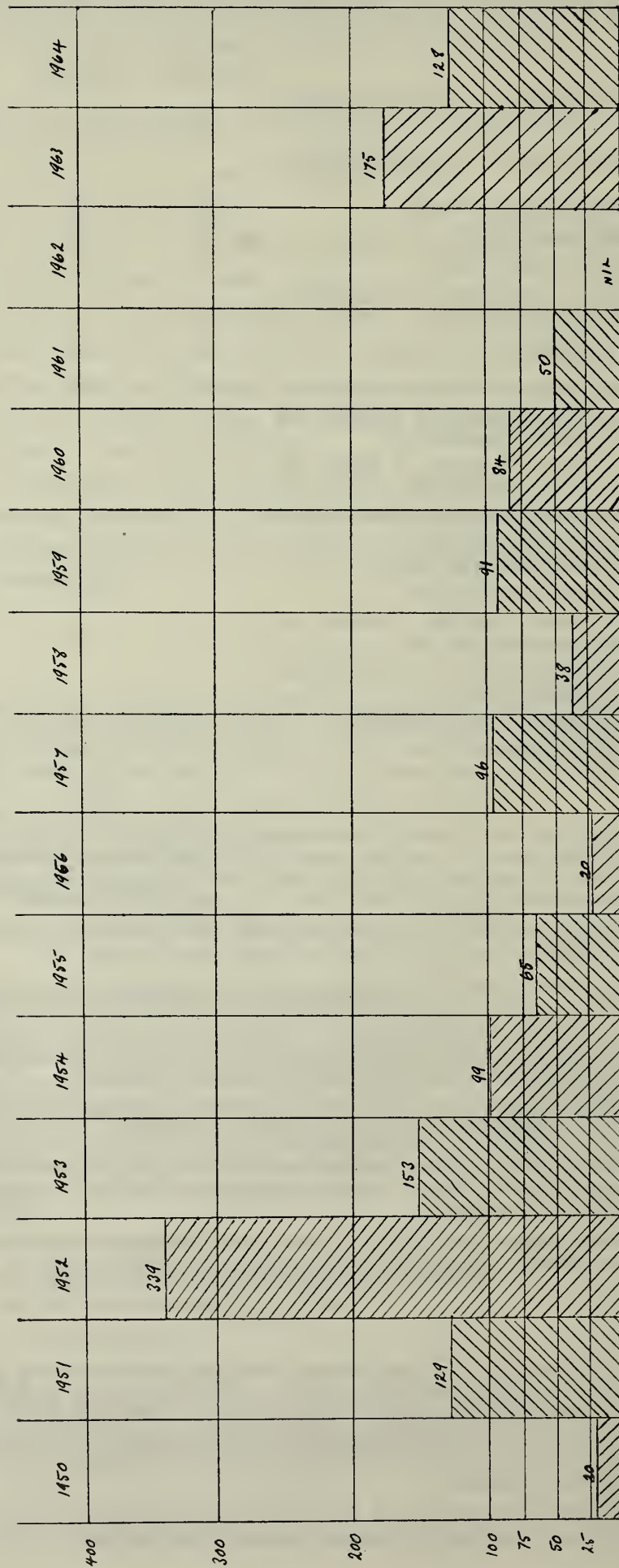
31 (3%) had been admitted from reception centres or had no fixed abode and, out of these, 10 were admitted to the Council's new Special Home which opened in August, 1964.

SHORT-TERM CARE

By arranging short-term care in County Homes all possible action is taken to provide relief to the many families who are looking after elderly relatives or friends, so that an annual holiday can be taken. The Ten-Year Plan makes provision for this, but until more Homes come into use, facilities are of necessity restricted. Nevertheless 282 such persons were admitted for short periods in 1964—in 1963 the number was 199. In several instances the Matrons have commented on the very great degree of care being given by families.

When proper facilities exist it will be the intention in appropriate cases to afford rest periods to families during the winter, in addition to the annual summer holiday period.

NO. OF NEW PLACES PROVIDED.



OLD PEOPLE'S HOMES

Two Homes, with a total of 128 places, came into use in 1964—Stanhope House, near Ashford, and Newmans, at Broadstairs.

Stanhope House is for 62 persons with advanced physical degeneration, and Newmans has 66 places to provide facilities for meeting the social needs of groups of men who require care, because of their social inadequacies, which cannot properly be met in the usual types of Old People's Home. The opening of Newmans permitted the closure of residential accommodation at Eastry Hospital.

Some improvements have been undertaken at Darenth Grange, giving nine extra places. Reduction in numbers has been made at St. James' Hospital Gravesend, at West Hill Hospital, Dartford, and at The Close, Bridge, total 24, all to reduce overcrowding by present standards.

The net overall increased accommodation in 1964 was only 55, compared with an increase of 198 in the waiting list. Unfortunately, various delays, including those deriving from site difficulties, made it impossible to take up loan sanctions for four new Homes totalling 180 places offered by the Ministry in 1964/65, for which provision was made in the approved Estimates. The Chart on page 34 shows new places which came into use in each year from 1950. Until Russell House at Bexleyheath in 1955, all provision was at adapted large houses, in some cases with extensions. It can be said with certainty that about twelve schemes for new Homes can start in 1965/66 if the Ministry are able to give necessary financial approvals.

JOINT-USER ACCOMMODATION

Joint-user accommodation at the 5th July, 1948, was 975 beds, of which 848 were provided in Hospital Management Committee premises. By December 1964 the total had been reduced to 619 beds, 461 being in Hospital Management Committee premises; at December 1968 it is hoped to have in use only 298 beds at Hospital Management Committee premises and about 90 in joint-user establishments owned by the County Council.

Kent has made good progress in the closure of residential accommodation at former workhouses, as urged by successive Ministers. The percentage figures of total accommodation, excluding that provided by voluntary organisations, are:-

	<i>England and Wales</i>	<i>Kent</i>
1954	49%	44%
1961	47%	36%
1964	27%	26%

VOLUNTARY ORGANISATIONS

Paid Organisers

Grants have continued to be made to old people's welfare committees towards the cost of paid organisers. Their main task is to co-ordinate and recruit voluntary home visiting of the elderly, establish old people's clubs and develop schemes for the boarding out of old people. Paid Organisers are well established in Chatham, Deal, Folkestone, Maidstone and Tunbridge Wells, each with an office and telephone to deal with general enquiries and to put those requiring help in touch with the proper statutory or voluntary body. Other areas envisaged are Dartford (Borough and Rural District), Margate, Ramsgate and Sevenoaks districts.

Day Centres

The principle of financial assistance towards the cost of voluntary schemes for the establishment of day centres for the house-bound elderly has been accepted, and the first scheme is expected to be ready for detailed consideration in 1965. To obtain a grant a Day Centre must provide measures of care in addition to the social amenities normally associated with clubs, such as:

- Bathing under supervision, and assistance if necessary.
- Provision of a mid-day meal.
- Hairdressing and Chiropody.
- Some special-purpose rooms, apart from the main assembly room.
- Suitability for wheelchairs.
- Adequate turning space for specialised vehicles.

Daily Clubs

The policy continues whereby grants to Daily Clubs consist of a contribution towards the cost of equipment, and exceptionally, running costs.

Meals on Wheels

Financial assistance has been made to the W.V.S. since 1949 towards the cost of equipment and transport in organising the meals on wheels service to old people. 244,850 meals were delivered during the year 1964, which was an increase of 20% over 1963. During the year four new schemes were introduced in the New Romney and Tenterden Boroughs, the Bridge Blean and Tenterden Rural Districts and in addition there were considerable increases in Chislehurst and Sidcup, Erith and in the Tonbridge, Dartford and Elham Rural Districts.

A recent development is to grant financial help to the W.V.S. for equipment to enable meals, prepared and cooked in W.V.S. kitchens, to be served at clubs for the elderly as a supplement to the meals at home.

Practical help is given by supplying small numbers of meals from the kitchens of Old People's Homes in rural areas for distribution by W.V.S. to old people in their own home.

Boarding Out

For several years the North-West Kent Old People's Welfare Committee, with financial assistance from the Council, have run a very successful scheme for introducing into suitable lodgings persons not in need of all the facilities of an old people's home. As this scheme only operated in the Greater London area it was gratifying when the Tunbridge Wells and District Council of Social Service decided to start a similar scheme in March 1964 and which they named as a "home finding scheme". Already they have placed 30 persons of ages ranging from 60 to 90. The Council makes a grant towards the expenses of running the scheme, but not the maintenance charges, since it is the responsibility of the National Assistance Board to assist persons whose resources must be supplemented to meet their requirements. Schemes such as these are among the voluntary services the Committee asked the County Old People's Welfare Committee to encourage as part of the co-operation between statutory and voluntary services under the Ten-Year Development Plan.

Voluntary Organisation Homes

The Old People's Homes provided by Voluntary Organisations continue to afford a valuable supplement to the Committee's own provision although the much greater degree of infirmity now accepted has inevitably prevented some such Homes from keeping pace with the nature of total demands. For example, admissions to Voluntary Organisation Homes under arrangements with the Council accounted for 20% in 1958 and 13½% in 1964. Between these years, the total of elderly persons provided for rose by 23%, while the number at Voluntary Organisation Homes remained almost the same—429 in 1958 and 446 in 1964. Undoubtedly, even for persons for whom the Council cannot pay, these Homes do provide a useful service for those needing attention not available in ordinary lodgings or because of shortage in District Council special housing.

CO-OPERATION WITH HOUSING AUTHORITIES FOR THE ACCOMMODATION OF ELDERLY PERSONS

The scheme for the making of grants to District Councils for welfare services at special housing with a Warden for elderly persons, started in 1957, provides for the payment of grants, at present not exceeding £30 a dwelling unit. Total payments amounted to £29,800 in 1964/65 and in the new County in 1965/66 will be £25,750. Eight new schemes were approved in 1964.

The accommodation provided is:—

Specially designed new buildings	..	..	..	..	940 dwellings
Adapted buildings	..	..	..	..	258 „
Welfare services introduced into existing bungalows or flatlets					146 „

Whilst the bulk of this provision has been by District Councils there is included provision by seven voluntary organisations for whom the District Councils sponsored applications on the grounds that the schemes make a valid contribution to the housing for elderly persons in their area. In addition there are travelling warden schemes on large estates at Chatham, Dartford, Gillingham, Maidstone and Margate, whereby elderly persons in 2,031 dwellings receive visits of varying frequency according to need at a total cost to the County Council in grants of £6,411. Comparable but smaller schemes provided by some Rural District Councils also receive grants.

The Ministry of Health publication on the 1964 revision of all local authorities Ten-Year Plans showed that the provision in Kent of special housing with a warden amounted to 4.5 per 1,000 population over 65, rising to 15.6 by 1969. This was fourth of seven Home Counties, in both years.

TEMPORARY ACCOMMODATION FOR HOMELESS FAMILIES

The need continues for the Council to provide temporary accommodation for homeless families under legislation never intended for that purpose. Very few indeed of the families are in need "arising in circumstances which could not reasonably have been foreseen" which according to the National Assistance Act, 1948, is the limit of the Council's duty. Thus this service is provided—to quote the Act again—"in such other circumstances as the authority may in any particular case determine". Temporary accommodation was not a solution to the needs of the 269 families admitted in 1964 to King Hill Hostel, West Malling, since being homeless, by definition they needed a home, and the County Council has no housing powers.

There is no really regular geographical pattern over the County of the need for temporary accommodation although the three districts presenting greatest demand proportionate to population, might suggest so. These were:—

Sheerness	..	..	..	..	6 families — .44 per 1,000 population
Northfleet	..	..	..	..	9 — .38 „ „ „
Rochester	..	..	..	..	18 „ — .34 „ „ „
But neighbouring districts gave less demand—					
Gillingham	..	..	..	..	18 families — .23 per 1,000 population
Chatham	..	..	..	..	12 „ — .23 „ „ „
Gravesend	..	..	..	..	12 „ — .22 „ „ „
Sheppey R.D.	..	..	..	..	2 „ — .19 „ „ „
Strood R.D.	..	..	..	..	6 „ — .18 „ „ „
Sittingbourne & Milton	..	..	..	..	4 „ — .16 „ „ „

The demand from the Greater London area certainly was not high—

Bromley London Borough

Penge	8 families — .30 per 1,000 population
Chislehurst & Sidcup (part) ..	10 „ — .23 „ „ „
Orpington	8 „ — .10 „ „ „
Bromley	3 „ — .04 „ „ „
Beckenham	2 „ — .03 „ „ „

Bexley London Borough

Chislehurst & Sidcup (part) ..	6 „ — .13 „ „ „
Erith	5 „ — .11 „ „ „
Bexley	6 „ — .07 „ „ „
Crayford	1 „ — .03 „ „ „

The numbers from rural districts varied widely when related to population, which may present less valid comparisons than do the towns. For what they are worth, the figures range from:—

Dover R.D. 4 families — .32	} to	W. Ashford R.D. 1 family — .09
Maidstone R.D. 7 „ — .31		Dartford R.D. 4 families — .07

Of the 269 families admitted during 1964, 170 (65%) did not stay for the full permitted period of three months. 79 families (29%) left within a month of arrival. Only 14 families who had spent the full three months in the hostel within the past year needed to be readmitted under the four-day rule. Details are:—

Details are:—

	Number of families			%	Children
	From Furnished Accomm.	From Unfurnished Accomm.	Total		
<i>Non-Payment of Rent</i>					
Housing Authorities	—	16	16	6.0	48
Private Accommodation	—	10	10	3.7	36
<i>Other Reasons</i>					
Required to leave furnished rooms	61	—	61	22.7	109
Domestic disputes	45	—	45	16.7	98
Persons coming into Kent without reasonable hope of accommodation	—	24	24	9.0	51
Service tenancy	—	23	23	8.6	72
Unauthorised sub-tenancy—Council ..	—	17	17	6.3	40
Required to leave caravan or holiday accommodation	13	—	13	4.9	41
Required to leave by Court Order—Private accommodation	—	12	12	4.5	34
Overcrowding—Private accommodation ..	11	—	11	4.1	31
Overcrowding—Council accommodation ..	10	—	10	3.7	25
Unauthorised sub-tenancy—Private accom- modation	6	—	6	2.2	15
No fixed abode	6	—	6	2.2	13
Required to leave condemned property ..	—	3	3	1.1	6
Foreclosure of mortgage	—	3	3	1.1	13
Required to leave by Court Order—Council	—	2	2	.7	7
Repatriated from Germany	—	2	2	.7	7
House required by owner	—	2	2	.7	6
Fire damage to dwelling—Private	—	2	2	.7	10
Fire damage to dwelling—Council	—	1	1	.4	4
	152	117	269	100.0	666
<i>Admissions under four-day rule</i>					
Required to leave caravan of holiday accommodation	3	—	3	21.4	11
No fixed above	3	—	3	21.4	5
Domestic disputes	2	—	2	14.3	9
Required to leave furnished rooms	2	—	2	14.3	3
Unauthorised sub-tenancy—Private	2	—	2	14.3	9
Unauthorised sub-tenancy—Council	2	—	2	14.3	5
	14	—	14	100.0	42

Of the 224 families (with 689 children) leaving the hostel during 1964, 37 (95 children) were housed by District Councils, 12 families (31 children) went to employment where accommodation was provided, 72 families had a total of 208 children initially taken into care, that is 26% of all children living in the hostel.

RENT GUARANTEE SCHEMES

All District Councils were invited to co-operate in the operation of the original scheme in March 1963 and the extension in August 1964. On each occasion 35 of the 48 District Councils in the new County area agreed to do so.

Scheme No. 1, which is restricted to families housed with special priority by District Councils direct from the County Council's temporary accommodation hostel, provides for a guarantee by the Council of any rent losses for a period of two years, provided the family enter into a written agreement to accept Family Welfare Service for such a period as may be required. The housing position of all families admitted to the Hostel is considered by the resident Social Worker and the families she recommends for rent guarantee are generally those who have not had a real chance to get a house of their own owing to early marriage, followed by early and large families.

The first guarantee was given in June 1963 and the total is nine families with a total of 25 children. They are detailed in chronological order:—

Maidstone Borough Council	..	..	Family with 1 child
Chatham Borough Council	..	..	„ „ 4 children
Ashford Urban District Council	..	..	„ „ 3 „
Chatham Borough Council	..	..	„ „ 2 „
Malling Rural District Council	..	..	„ „ 1 child
Margate Borough Council	..	..	„ „ 2 children
Bridge-Blean Rural District Council	..	..	„ „ 6 „
Herne Bay Urban District Council	..	..	„ „ 2 „
Chatham Borough Council	..	..	„ „ 4 „

Scheme No. 2 is for families housed, also with a special priority, by District Councils on condition that children are taken out of care and reunited with their parents. It provides for a guarantee by the Council of any rent losses for a period of two years, provided the family enter into a written agreement to accept Family Welfare Service or other social services provided by the County Council to the extent considered necessary in individual cases.

The first guarantee was given in October 1964. The total is seven with 27 children taken out of the care of the Children's Committee. The order of progress has been:—

Maidstone Borough Council	..	..	Family with 6 children
Royal Borough of Tunbridge Wells	..	..	„ „ 6 „
Sittingbourne & Milton Urban District Council	..	..	„ „ 3 „
Royal Borough of Tunbridge Wells	..	..	„ „ 6 „
Margate Borough Council	..	..	„ „ 4 „
			(2 children in care from October 1959)
Chatham Borough Council	..	..	Family with 4 children
			(2 children in care from October 1959)
Hollingbourne Rural District Council	..	..	Family with 4 children

A summary for both schemes is:—

Chatham Borough Council	..	..	4 families — 14 children
Maidstone Borough Council	..	..	2 „ — 7 „
Margate Borough Council	..	..	2 „ — 6 „
Tunbridge Wells Borough Council	..	..	2 „ — 12 „
Ashford Urban District Council	..	..	1 „ — 3 „
Herne Bay Urban District Council	..	..	1 „ — 2 „
Sittingbourne & Milton Urban District Council	..	..	1 „ — 3 „
Bridge-Blean Rural District Council	..	..	1 „ — 6 „
Hollingbourne Rural District Council	..	..	1 „ — 4 „
Malling Rural District Council	..	..	1 „ — 1 „
			16 58

Because of the success of the Family Welfare Service where it is in operation, and the contact the Domestic Help Organisers maintain with the others, no rent payments by the County Council have been necessary.

While the object of both schemes of co-operation is to facilitate families being together in their own home, there is a direct financial advantage to the County Council as Children's authority.

STATISTICAL TABLES

TABLE 1

Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1964 (mid-year)

DISTRICT	Mid-year Home* Population 1964 (as estimated by the Registrar-General)	Acreage inclusive of Water	Persons per Acre
Urban—			
Ashford U.	29,470	5,657	5.21
Beckenham B.	78,230	5,937	13.18
Bexley B.	90,160	4,869	18.52
Broadstairs and St. Peter's U.	18,970	2,771	6.85
Bromley B.	69,910	6,513	10.73
Chatham B.	51,220	4,371	11.72
Chislehurst and Sidcup U.	89,290	8,959	9.97
Crayford U.	33,600	2,544	13.21
Dartford B.	46,420	4,298	10.80
Deal B.	25,740	2,903	8.87
Dover B.	36,080	3,765	9.58
Erith B.	45,970	3,860	11.91
Faversham B.	13,500	2,994	4.51
Folkestone B.	43,470	4,006	10.85
Gillingham B.	77,070	11,123	6.93
Gravesend B.	53,590	4,619	11.60
Herne Bay U.	22,930	8,566	2.68
Hythe B.	10,590	3,013	3.51
Lydd B.	3,560	11,932	0.30
Maidstone B.	62,300	6,194	10.06
Margate B.	47,260	6,960	6.79
New Romney B.	3,330	1,514	2.20
Northfleet U.	23,780	3,768	6.31
Orpington U.	82,520	20,842	3.96
Penge U.	26,230	770	34.06
Queenborough B.	3,100	1,103	2.81
Ramsgate B.	38,200	3,624	10.54
Rochester B.	52,360	4,506	11.62
Sandwich B.	4,620	2,137	2.16
Sevenoaks U.	18,100	3,724	4.86
Sheerness U.	13,770	943	14.60
Sittingbourne and Milton U.	25,480	4,937	5.16
Southborough U.	9,740	1,758	5.54
Swanscombe U.	9,200	2,142	4.30
Tenterden B.	5,250	8,946	0.59
Tonbridge U.	26,030	4,599	5.66
Tunbridge Wells B.	41,280	6,034	6.84
Whitstable U.	20,340	7,640	2.66
TOTALS—Urban	1,352,660	194,841	6.94
Rural—			
Ashford, East	11,240	51,398	0.22
Ashford, West	11,220	39,455	0.28
Bridge-Blean	21,960	55,868	0.39
Cranbrook	16,210	41,315	0.39
Dartford	57,530	34,026	1.69
Dover	12,820	25,780	0.50
Eastry	23,330	54,276	0.43
Elham	10,310	36,685	0.28
Hollingbourn	18,140	56,796	0.32
Maidstone	22,790	34,487	0.66
Malling	44,830	45,655	0.98
Romney Marsh	4,880	31,035	0.16
Sevenoaks	42,160	62,952	0.67
Sheppey	10,750	20,319	0.53
Strood	33,480	48,413	0.69
Swale	21,620	62,015	0.35
Tenterden	7,760	38,002	0.20
Tonbridge	26,820	41,687	0.64
TOTALS—Rural	397,850	780,164	0.51
TOTALS—County	1,750,510	975,005	1.80

* The figures given in this column are the home populations, including members of the armed forces stationed in the area, and these populations form the basis of calculation of most of the rates given in this report.

TABLE 2

Showing Deaths, Births and Infantile Mortality in the different Urban and Rural Districts of the County of Kent in the year 1964.

DISTRICT	DEATHS			BIRTHS						INFANTILE MORTALITY			
	Number of deaths at all ages	Deaths per 1,000 of the population	Comparable Death-rate*	Legitimate	Illegitimate	TOTAL	Births per 1,000 of the population	Comparable Birth-rate*	Still-births	Legitimate	Illegitimate	TOTAL	Deaths of Infants under one year of age per 1,000 births
URBAN—													
Ashford U. ..	322	10·93	10·60	493	44	537	18·22	19·13	3	12	3	15	27·93
Beckenham B. ..	854	10·92	11·47	1,121	74	1,195	15·28	16·04	13	10	—	10	8·37
Bexley B. . . .	889	9·86	11·34	1,405	76	1,481	16·43	16·92	26	19	—	19	12·83
Broadstairs U. .	316	16·66	10·00	194	23	217	11·44	16·24	2	3	—	3	13·82
Bromley B. . . .	823	11·77	10·83	1,031	54	1,085	15·52	16·14	14	19	2	21	19·35
Chatham B. . . .	516	10·07	12·39	1,097	68	1,165	22·75	20·93	21	20	—	20	17·17
Chislehurst and Sidcup U. . . .	889	9·96	11·75	1,362	78	1,440	16·13	16·45	21	26	2	28	19·44
Crayford U. . . .	269	8·01	10·97	688	19	707	21·04	19·36	13	12	—	12	16·97
Dartford B. . . .	588	12·67	11·66	818	47	865	18·63	17·14	13	13	2	15	17·34
Deal B.	326	12·67	10·90	414	31	445	17·29	19·54	13	7	4	11	24·72
Dover B.	399	11·06	10·84	548	34	582	16·13	17·74	11	15	—	15	25·77
Erith B.	454	9·88	11·07	743	48	791	17·21	18·07	19	15	2	17	21·49
Faversham B. . .	188	13·93	9·33	209	17	226	16·74	18·41	2	4	—	4	17·70
Folkestone B. . .	627	14·42	10·67	615	79	694	15·97	19·32	12	8	5	13	18·73
Gillingham B. . .	815	10·57	11·31	1,371	105	1,476	19·15	19·53	19	24	2	26	17·62
Gravesend B. . .	531	9·91	11·79	1,079	74	1,153	21·52	19·80	13	26	1	27	23·42
Herne Bay U. . .	468	20·41	11·23	239	16	255	11·12	16·24	1	4	—	4	15·69
Hythe B.	149	14·07	8·86	117	8	125	11·80	15·58	3	3	—	3	24·00
Lydd B.	35	9·83	10·71	51	4	55	15·45	20·86	—	1	—	1	18·18
Maidstone B. . .	672	10·79	10·79	1,056	90	1,146	18·39	18·76	20	20	2	22	19·20
Margate B. . . .	826	17·48	10·49	555	80	635	13·44	17·47	7	16	1	17	26·77
New Romney B. .	43	12·91	13·17	66	4	70	21·02	22·49	3	3	—	3	42·86
Northfleet U. . .	213	8·96	11·38	485	26	511	21·49	19·99	13	14	—	14	27·40
Orpington U. . .	677	8·20	9·27	1,322	56	1,378	16·70	16·20	21	17	2	19	13·79
Penge U.	319	12·16	13·25	603	74	677	25·81	22·45	4	12	—	12	17·73
Queenborough B.	34	10·97	12·07	61	6	67	21·61	23·55	3	—	—	—	—
Ramsgate B. . . .	542	14·19	10·93	543	66	609	15·94	18·97	14	19	3	22	36·12
Rochester B. . . .	529	10·10	11·11	949	64	1,013	19·35	18·77	18	15	2	17	16·78
Sandwich B. . . .	62	13·42	9·39	61	4	65	14·07	16·60	—	1	1	2	30·77
Sevenoaks U. . . .	170	9·39	7·89	250	15	265	14·64	16·54	4	5	—	5	18·87
Sheerness U. . . .	180	13·07	11·76	229	24	253	18·37	20·76	9	4	—	4	15·81
Sittingbourne U. .	337	13·23	10·45	477	25	502	19·70	20·09	2	11	—	11	21·91
Southborough U. .	143	14·68	12·18	133	7	140	14·37	16·38	1	9	—	9	64·29
Swanscombe U. . .	76	8·26	10·08	168	10	178	19·35	18·77	2	3	—	3	16·85
Tenterden B. . . .	74	14·10	7·61	65	5	70	13·33	16·66	1	—	1	1	14·29
Tonbridge U. . . .	257	9·87	10·36	564	19	583	22·40	21·73	12	14	2	16	27·44
Tunbridge Wells B. . .	666	16·13	10·16	602	48	650	15·75	17·33	9	12	2	14	21·54
Whitstable U. . .	374	18·39	11·22	309	23	332	16·32	22·68	4	2	—	2	6·02
TOTALS IN URBAN DISTRICTS . .	15,652	11·57	10·99	22,093	1,545	23,638	17·48	18·18	366	418	39	457	19·33
RURAL—													
Ashford, East . . .	122	10·85	8·57	183	6	189	16·81	19·84	3	4	—	4	21·16
Ashford, West . . .	201	17·91	12·00	156	14	170	15·15	18·18	5	4	1	5	29·41
Bridge-Blean . . .	332	15·12	7·86	384	20	404	18·40	21·71	5	7	—	7	17·33
Cranbrook	200	12·34	10·74	207	17	224	13·82	17·41	8	5	1	6	26·79
Dartford	569	9·89	10·88	1,155	44	1,199	20·84	18·34	26	20	—	20	16·68
Dover	142	11·08	8·86	174	13	187	14·59	18·09	3	4	—	4	21·39
Eastry	353	15·13	10·74	406	18	424	18·17	20·53	4	10	1	11	25·94
Elham	168	16·29	8·31	147	7	154	14·94	17·03	3	3	—	3	19·48
Hollingbourn . . .	210	11·58	11·23	332	23	355	19·57	21·53	5	5	—	5	14·08
Maidstone	292	12·81	10·76	479	27	506	22·20	23·53	6	10	—	10	19·76
Malling	387	8·63	9·67	968	56	1,024	22·84	21·93	21	16	2	18	17·58
Romney Marsh . . .	50	10·25	8·92	87	7	94	19·26	23·11	—	2	—	2	21·28
Sevenoaks	356	8·44	8·78	672	29	701	16·63	17·79	8	10	—	10	14·27
Sheppey	112	10·42	9·69	178	14	192	17·86	22·68	8	5	—	5	26·04
Strood	292	8·72	11·51	707	31	738	22·04	20·94	15	11	2	13	17·62
Swale	229	10·59	10·80	372	16	388	17·95	19·03	7	6	—	6	15·46
Tenterden	102	13·14	11·43	112	13	125	16·11	19·01	2	3	1	4	32·00
Tonbridge	337	12·57	10·94	521	29	550	20·51	21·13	12	15	1	16	29·09
TOTALS IN RURAL DISTRICTS	4,454	11·20	10·19	7,240	384	7,624	19·16	20·12	141	140	9	149	19·54
TOTALS IN URBAN DISTRICTS	15,652	11·57	10·99	22,093	1,545	23,638	17·48	18·18	366	418	39	457	19·33
TOTALS IN COUNTY	20,106	11·49	10·80	29,333	1,929	31,262	17·86	18·57	507	558	48	606	19·38

* Comparable rates are calculated in respect of each district, by applying to the crude-rate a factor which enables true comparison to be made with other areas after allowing for variations of age and sex in the constitution of the population.

TABLE 3

Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the DISTRICTS in the County of Kent during the year 1964.

DISTRICT	Small-pox	Diphtheria (including Membranous Group)	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Pyrexia	Acute Poliomyelitis including Acute Poli-encephalitis		Acute Encephalitis		Meningococcal Infection	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other forms of Tuberculosis	Acute Pneumonia (Primary or Influenza)	Measles	Whooping-cough	Dysentery	Malaria
							Paralytic	Non-Paralytic	Infective	Post-Infectious									
URBAN—																			
Ashford U. . .	—	—	1	11	—	—	—	—	—	—	1	—	—	1	5	14	23	4	—
Beckenham B. . .	—	—	3	41	—	—	—	—	—	—	2	—	26	—	12	101	43	7	1
Bexley B. . .	—	—	3	61	—	12	—	—	—	—	1	—	21	4	3	444	54	17	—
Broadstairs U. . .	—	—	1	—	—	—	—	—	—	—	—	—	5	1	—	115	10	—	—
Bromley B. . .	—	—	2	55	—	13	—	—	—	—	—	—	21	3	—	39	46	10	—
Chatham B. . .	—	—	4	40	—	2	—	—	—	—	2	1	8	3	10	176	9	57	—
Chislehurst and Sidcup U. . .	—	—	3	32	—	3	—	—	—	—	1	—	22	5	14	440	137	27	—
Crayford U. . .	—	—	—	17	—	22	1	—	—	—	—	—	5	—	—	157	9	—	—
Dartford B. . .	—	—	1	34	—	59	—	—	—	—	—	—	14	2	3	287	40	2	—
Deal B. . .	—	—	1	4	—	1	—	—	1	—	—	—	5	4	4	21	16	4	—
Dover B. . .	—	—	3	3	—	2	—	—	—	—	—	2	10	2	31	326	72	2	—
Erith B. . .	—	—	4	23	—	5	—	—	—	—	—	—	17	5	1	192	12	2	—
Faversham B. . .	—	—	—	3	—	—	—	—	—	1	—	—	4	1	3	81	36	11	—
Folkestone B. . .	—	—	3	15	—	7	—	—	—	—	1	—	16	6	23	130	30	6	—
Gillingham B. . .	—	—	11	7	—	—	—	—	1	—	1	—	31	8	2	283	10	16	—
Gravesend B. . .	—	—	—	6	—	3	1	—	—	—	—	—	13	4	3	494	14	—	—
Herne Bay U. . .	—	—	—	—	—	1	—	—	—	—	1	—	10	—	—	96	—	—	—
Hythe B. . .	—	—	—	5	—	1	—	—	—	—	—	—	2	2	—	6	4	—	—
Lydd B. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	5	—	—
Maidstone B. . .	—	—	2	12	—	4	—	—	—	—	1	—	24	6	1	620	61	54	—
Margate B. . .	—	—	—	26	—	—	—	—	—	—	2	—	10	2	—	129	5	3	—
New Romney B. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	9	3	—	—
Northfleet U. . .	—	—	—	3	—	1	—	—	—	—	—	—	8	1	4	83	5	—	—
Orpington U. . .	—	—	4	15	—	33	—	—	—	—	1	—	20	2	19	427	61	5	—
Penge U. . .	—	—	—	34	—	—	—	—	—	—	—	—	14	—	1	73	56	7	—
Queenborough B. . .	—	—	—	9	—	2	—	—	—	—	—	—	1	—	3	125	3	—	—
Ramsgate B. . .	—	—	—	1	—	8	—	—	—	—	—	—	6	2	2	416	70	—	—
Rochester B. . .	—	—	1	21	—	1	—	—	—	—	1	—	10	2	17	866	13	—	—
Sandwich B. . .	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	4	6	—	—
Sevenoaks U. . .	—	—	—	9	—	2	—	—	—	—	—	2	4	1	4	83	25	5	—
Sheerness U. . .	—	—	3	5	—	—	—	—	—	—	—	—	5	1	9	50	28	—	—
Sittingbourne U. . .	—	—	—	8	—	—	—	—	—	—	—	—	2	1	—	1134	18	—	—
Southborough U. . .	—	—	—	—	—	1	—	—	—	—	—	—	1	1	—	12	—	10	—
Swanscombe U. . .	—	—	—	—	1	—	—	—	—	—	—	—	4	—	—	14	—	—	—
Tenterden B. . .	—	—	—	4	—	—	—	—	—	—	—	—	—	—	1	49	14	—	—
Tonbridge U. . .	—	—	—	8	—	—	—	—	—	—	—	—	6	2	—	274	12	9	—
Tunbridge Wells B. . .	—	—	—	11	—	2	—	—	—	1	—	—	23	3	7	208	15	14	—
Whitstable U. . .	—	—	—	5	—	—	—	—	—	—	—	—	6	2	1	299	4	—	—
TOTALS IN URBAN DISTRICTS . . .	—	—	50	529	1	185	2	—	2	2	15	5	375	77	189	8287	969	272	1
RURAL—																			
Ashford, East . . .	—	—	—	—	—	—	—	—	—	—	—	—	1	1	4	13	24	6	—
Ashford, West . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	3	40	—	—
Bridge-Blean . . .	—	—	2	3	—	—	—	—	—	—	—	—	5	1	—	84	37	3	—
Cranbrook . . .	—	—	—	6	—	—	—	—	—	—	1	—	4	—	—	39	8	5	—
Dartford . . .	—	—	6	29	—	3	—	—	—	—	—	—	13	2	2	495	25	7	—
Dover . . .	—	—	—	1	—	1	—	—	—	—	—	—	3	—	2	45	9	1	—
Eastry . . .	—	—	—	3	—	—	—	—	2	—	—	—	10	—	4	219	60	22	—
Elham . . .	—	—	—	3	—	—	—	—	—	—	—	—	3	—	—	37	20	—	—
Hollingbourn . . .	—	—	—	—	—	1	—	—	—	—	1	—	2	2	1	56	5	8	—
Maidstone . . .	—	—	2	6	—	2	—	—	—	—	—	—	6	1	1	77	8	33	—
Malling . . .	—	1	4	18	1	1	—	—	2	—	1	—	20	2	7	246	40	19	—
Romney Marsh . . .	—	—	—	3	—	—	—	—	—	—	—	—	—	1	1	63	—	—	—
Sevenoaks . . .	—	—	1	42	1	1	—	—	—	—	—	—	7	2	48	321	55	6	—
Sheppey . . .	—	—	—	6	—	3	—	—	—	—	—	—	2	1	2	65	14	—	—
Strood . . .	—	—	—	1	—	2	—	—	—	—	—	—	4	—	—	425	2	2	—
Swale . . .	—	—	1	13	—	—	—	—	—	—	—	—	4	—	4	308	41	—	—
Tenterden . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	53	10	—	—
Tonbridge . . .	—	—	1	11	1	—	—	—	—	—	—	—	6	1	—	249	60	60	—
TOTALS IN RURAL DISTRICTS . . .	—	1	17	145	3	14	—	—	4	—	3	—	90	14	85	2,798	458	172	—
TOTALS IN URBAN DISTRICTS . . .	—	—	50	529	1	185	2	—	2	2	15	5	375	77	189	8,287	969	272	1
TOTALS IN COUNTY . . .	—	1	67	674	4	199	2	—	6	2	18	5	465	91	274	11,085	1,427	444	1

TABLE 4

Showing the number of notifications, incidence rates, deaths and death-rates of the principal infectious diseases in the County.

Year	1938	1963	1964	
			Kent	England and Wales (provisional)
SCARLET FEVER				
No. of cases notified ..	2,913	637	674	20,126
Incidence rate	2·102	0·371	0·385	0·425
No. of deaths	10	—	—	2
Death rate	0·007	—	—	0·000
DIPHTHERIA				
No. of cases notified ..	1,361	—	1	20
Incidence rate	0·982	—	0·000	0·000
No. of deaths	58	—	—	—
Death rate	0·042	—	—	—
ENTERIC FEVER				
No. of cases notified ..	54	6	4	350
Incidence rate	0·039	0·003	0·002	0·007
No. of deaths	5	—	—	3
Death rate	0·005	—	—	0·000
MEASLES				
No. of cases notified ..	—*	25,241	11,085	306,731
Incidence rate	—*	14·70	6·33	6·470
No. of deaths	10	8	3	73
Death rate	0·007	0·005	0·002	0·002
WHOOPING COUGH				
No. of cases notified ..	—*	1,054	1,427	31,609
Incidence rate	—*	0·614	0·815	0·667
No. of deaths	10	—	—	44
Death rate	0·007	—	—	0·001
POLIOMYELITIS				
No. of cases notified ..	36	2	2	38
Incidence rate	0·026	0·001	0·001	0·001
No. of deaths	—	—	—	4
Death rate	—	—	—	0·000
DYSENTERY				
No. of cases notified ..	84	1,619	444	20,183
Incidence rate	0·606	0·943	0·254	0·426
No. of deaths	—	—	—	17
Death rate	—	—	—	0·000
TUBERCULOSIS				
No. of cases notified ..	1,515	619	556	17,600
Incidence rate	1·093	0·360	0·318	0·371
No. of deaths	778	132	84	2,484
Death rate	0·561	0·077	0·048	0·052

* Not compulsorily notifiable

TABLE 5
Showing causes of deaths in the URBAN DISTRICTS of Kent during the year 1964.

DISTRICT	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Measles	Other infective and parasitic diseases	Malignant neoplasm					Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes	
	Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms	16	56	66	11	27	12	2	12	26	1	7	2	2	2	3	1	4	28	—	12	1	4	3	1	1	4	28	—	12	1	—	322
Ashford U.	6	19	7	—	16	56	66	11	27	12	2	12	26	1	7	2	2	2	3	1	4	28	—	12	1	4	3	1	1	1	4	28	—	12	1	—	322
Beckenham B. . .	21	41	22	5	99	101	179	20	100	47	3	50	29	7	6	8	2	4	4	2	1	63	10	14	10	—	8	5	1	1	8	63	10	14	10	—	854
Bexley B. . .	31	56	27	5	97	89	208	23	69	47	3	65	38	8	6	3	2	4	4	1	1	58	13	11	8	—	7	2	1	1	7	58	13	11	8	—	889
Broadstairs and St. Peters U.	8	11	8	3	31	45	62	6	48	20	5	16	13	2	3	2	2	2	2	—	—	19	4	4	—	7	2	2	—	7	19	4	4	—	—	316	
Bromley B. . .	22	43	22	3	91	102	163	8	98	41	5	63	27	10	7	3	3	3	3	—	—	66	10	9	9	—	6	4	4	—	6	66	10	9	9	—	823
Chatham B. . .	12	17	7	7	53	48	97	15	58	26	6	29	34	3	4	4	4	4	4	—	—	50	6	9	3	—	6	3	—	—	50	6	9	3	—	516	
Chislehurst and Sidcup U.	20	73	28	5	77	107	192	20	73	38	1	56	42	2	13	4	5	5	5	—	—	65	21	8	9	—	6	3	—	—	65	21	8	9	—	889	
Crayford U. . .	7	14	8	3	31	24	65	7	29	12	2	14	9	3	2	4	1	1	1	—	—	20	5	1	3	—	5	2	2	—	20	5	1	3	—	269	
Dartford B. . .	19	31	8	4	45	67	128	10	40	34	6	66	41	9	2	2	4	4	4	—	—	46	6	6	1	—	11	1	1	—	46	6	6	1	—	588	
Deal B. . .	4	16	3	1	31	47	66	5	23	33	1	13	18	—	2	2	2	2	2	—	—	29	2	8	4	—	6	1	1	—	29	2	8	4	—	326	
Dover B. . .	7	19	11	1	32	56	78	15	55	13	1	22	21	2	3	5	3	3	3	—	—	33	3	11	4	—	3	2	1	—	33	3	11	4	—	399	
Erith B. . .	10	31	10	7	46	61	87	9	48	20	6	33	26	5	5	2	4	4	4	—	—	32	2	1	3	—	6	1	1	—	32	2	1	3	—	454	
Faversham B. . .	6	7	2	—	22	53	31	2	28	6	2	4	2	1	1	4	2	2	2	—	—	18	3	6	5	—	8	1	—	—	8	3	11	5	—	627	
Folkestone B. . .	11	24	15	4	75	94	132	15	77	35	4	39	35	6	12	1	3	3	3	—	—	37	1	3	3	—	8	1	—	—	37	1	3	3	—	815	
Gillingham B. . .	23	29	23	6	82	111	170	35	86	36	7	19	28	4	2	3	1	1	1	—	—	52	13	18	8	—	10	4	1	—	52	13	18	8	—	531	
Gravesend B. . .	10	18	10	2	50	108	94	7	55	29	3	19	28	4	2	3	1	1	1	—	—	49	5	10	4	—	10	4	1	—	49	5	10	4	—	468	
Herne Bay U. . .	14	19	7	5	53	86	55	5	77	25	2	25	30	4	5	2	8	8	1	—	—	25	6	7	3	—	6	2	1	—	25	6	7	3	—	149	
Hythe B. . .	4	8	4	1	19	26	35	1	13	6	1	8	3	—	1	—	—	—	—	—	—	3	—	2	2	—	1	2	1	—	3	—	2	2	—	35	
Lydd B. . .	13	24	17	5	62	95	103	9	108	25	4	40	36	2	—	5	1	1	1	—	—	4	3	5	—	4	1	1	—	—	4	3	5	1	—	672	
Maldstone B. . .	19	40	11	7	93	110	151	12	124	33	5	41	41	9	8	2	9	9	6	—	—	67	6	19	13	—	4	1	—	—	67	6	19	13	—	826	
Margate B. . .	5	12	4	2	14	24	45	2	24	10	2	13	11	2	—	—	1	1	1	—	—	51	7	1	—	3	1	—	—	51	7	1	—	—	43		
New Romney B. . .	1	2	1	—	4	1	12	—	3	4	4	3	4	—	—	—	—	—	—	—	—	21	7	7	1	—	2	1	—	—	21	7	7	1	—	213	
Northfleet U. . .	18	47	17	5	66	66	147	9	49	27	2	69	27	6	5	—	1	1	1	—	—	62	8	9	4	—	6	1	—	—	62	8	9	4	—	677	
Orpington U. . .	11	27	1	1	34	27	63	—	32	13	1	28	19	4	3	3	3	3	6	—	—	31	3	6	3	—	2	1	—	—	31	3	6	3	—	319	
Penge U. . .	3	1	—	—	3	7	6	—	4	1	—	2	4	—	1	—	—	—	—	—	—	1	—	6	3	—	2	1	—	—	1	—	6	3	—	34	
Queenborough B. . .	14	29	9	3	52	77	92	6	71	24	2	31	32	7	3	4	4	4	4	—	—	37	6	14	6	—	2	1	—	—	37	6	14	6	—	542	
Ramsgate B. . .	15	25	5	3	57	68	108	9	77	18	4	31	24	—	2	3	3	3	3	—	—	30	9	11	9	—	2	1	—	—	30	9	11	9	—	529	
Rochester B. . .	3	3	1	—	12	4	8	—	8	4	—	3	5	—	2	1	2	2	1	—	—	7	—	1	1	—	1	1	—	—	7	—	1	1	—	62	
Sandwich B. . .	7	12	3	1	11	22	35	2	19	12	1	9	4	3	2	2	—	—	—	—	—	22	4	4	4	—	1	1	—	—	22	4	4	4	—	170	
Sevenoaks U. . .	6	13	6	1	19	19	38	3	18	5	5	16	10	1	1	1	—	—	—	—	—	10	2	5	1	—	3	1	—	—	10	2	5	1	—	180	
Sheerness U. . .	1	6	3	2	33	66	63	3	52	13	—	15	13	2	1	1	—	—	—	—	—	29	4	5	2	—	1	1	—	—	29	4	5	2	—	337	
Sittingbourne and Milton U.	1	6	3	2	17	12	19	—	3	3	—	7	4	2	—	—	—	—	—	—	—	14	1	3	2	—	1	1	—	—	14	1	3	2	—	143	
Southborough U.	1	4	—	—	10	12	29	—	3	3	—	4	4	—	—	—	—	—	—	—	—	8	—	2	—	—	1	—	—	—	8	—	2	—	—	76	
Swanscombe U.	1	3	1	—	6	9	16	—	19	—	—	5	1	—	—	—	—	—	—	—	—	7	—	2	—	—	1	—	—	—	7	—	2	—	—	74	
Tenterden B. . .	—	3	1	—	27	34	47	4	38	13	—	10	7	3	2	—	—	—	—	—	—	29	4	3	5	—	3	1	—	—	29	4	3	5	—	257	
Tonbridge U. . .	10	36	17	5	62	107	133	10	95	38	2	30	18	4	2	3	—	—	—	—	—	49	7	12	3	—	2	1	—	—	49	7	12	3	—	666	
Tunbridge Wells B.	12	17	5	1	52	56	75	5	42	26	—	16	17	2	5	1	—	—	—	—	—	19	3	2	5	—	1	4	—	—	19	3	2	5	—	374	
Whitstable U. . .	378	797	326	100	1,588	2,108	3,104	292	1,810	755	19	924	737	125	121	75	85	74	12	138	1,187	183	275	140	5	15,652											
TOTALS IN URBAN DISTRICTS	52	7	25	—	—	3	—	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

TABLE 6
Showing causes of deaths in the RURAL DISTRICTS of Kent during the year 1964.

DISTRICT	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm					Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes
										Stomach	Lung, bronchus	Breast	Uterus	Other malignant lymphatic neoplasms																					
Ashford, East	..	..	..	..	..	..	..	..	..	3	17	4	1	10	22	31	2	13	11	..	4	7	2	1	1	..	..	..	..	..	..	..	..	..	122
Ashford, West	..	..	..	..	..	..	..	..	..	4	15	..	2	19	31	51	5	18	10	..	16	4	3	..	..	..	..	..	..	..	..	..	..	..	201
Bridge-Blean ..	..	..	..	..	..	..	..	..	..	3	8	..	..	27	53	43	8	52	25	..	23	18	6	..	..	..	..	..	..	..	..	..	..	..	332
Cranbrook	..	..	..	..	..	..	..	..	..	4	15	3	1	16	32	30	5	24	18	..	19	6	2	..	..	..	..	..	..	..	..	..	..	..	200
Dartford	..	..	..	..	..	..	..	..	..	13	26	14	1	45	112	65	9	42	44	..	53	37	7	5	..	..	..	..	..	..	..	..	..	..	569
Dover	..	..	..	..	..	..	..	..	..	1	7	1	1	12	30	28	6	16	3	..	16	16	..	..	..	..	..	..	..	..	..	..	..	..	142
East ..	..	..	..	..	..	..	..	..	..	8	11	2	2	31	61	61	5	9	23	..	9	6	..	..	..	..	..	..	..	..	..	..	..	..	353
Elham	..	..	..	..	..	..	..	..	..	2	8	2	1	13	32	32	4	38	7	..	11	6	..	..	..	..	..	..	..	..	..	..	..	..	168
Hollingbourne	..	..	..	..	..	..	..	..	..	8	15	9	..	18	47	46	3	20	11	..	10	11	..	..	..	..	..	..	..	..	..	..	..	..	210
Maidstone	..	..	..	..	..	..	..	..	..	2	29	4	..	29	41	34	7	13	11	..	14	12	..	..	..	..	..	..	..	..	..	..	..	..	292
Malling	..	..	..	..	..	..	..	..	..	6	29	6	1	36	62	56	10	49	5	..	16	13	..	..	..	..	..	..	..	..	..	..	..	..	387
Romney Marsh	..	..	..	..	..	..	..	..	..	1	13	8	2	42	16	7	2	26	17	..	22	13	9	..	..	..	..	..	..	..	..	..	..	..	50
Sevenoaks	..	..	..	..	..	..	..	..	..	4	8	..	..	1	60	8	..	24	4	..	11	15	..	..	..	..	..	..	..	..	..	..	..	..	356
Sheppey	..	..	..	..	..	..	..	..	..	2	11	4	1	12	27	34	9	22	10	..	7	15	..	..	..	..	..	..	..	..	..	..	..	..	112
Strood	..	..	..	..	..	..	..	..	..	12	13	4	..	33	33	38	..	22	6	..	10	1	..	..	..	..	..	..	..	..	..	..	..	..	292
Swale ..	..	..	..	..	..	..	..	..	..	6	13	7	1	26	29	39	1	32	2	..	4	1	..	..	..	..	..	..	..	..	..	..	..	..	229
Tenterden	..	..	..	..	..	..	..	..	..	1	6	..	..	17	10	10	5	15	6	..	7	10	..	..	..	..	..	..	..	..	..	..	..	..	102
Tonbridge	..	..	..	..	..	..	..	..	..	1	12	4	1	31	63	43	5	34	14	2	40	9	4	..	..	..	..	..	..	..	..	..	..	..	337
TOTALS IN RURAL DISTRICTS ..	22	3	3	..	..	1	..	..	11	87	214	75	16	418	806	628	81	502	223	11	278	184	49	35	35	30	20	1	47	437	65	73	39	4	4,454
TOTALS IN URBAN DISTRICT ..	52	7	25	..	..	3	..	3	30	378	797	326	100	1,588	3,104	2,108	292	1,810	755	19	924	737	125	121	75	85	74	12	138	1,187	183	275	140	5	15,652
TOTALS IN COUNTY ..	74	10	28	..	..	4	..	3	41	465	1,011	401	116	2,006	3,910	2,736	373	2,312	978	30	1,202	921	174	156	110	115	94	13	185	1,624	248	348	179	9	20,106

TABLE 7

Showing the allocation of deaths to causes, in children under one year of age.

Causes of Death	Deaths under One Year of Age		
	1938	1963	1964
Whooping Cough	4	—	—
Meningococcal Infections	2	2	1
Diphtheria	1	—	—
Tuberculosis—Respiratory	1	—	—
—Other Forms	9	—	—
Syphilitic Diseases	4	—	—
Influenza	4	—	—
Measles	4	1	—
Acute Poliomyelitis and Polioencephalitis, Acute Infectious Encephalitis	—	—	—
Malignant Neoplasm—all sites	1	1	2
Intracranial Vascular Lesions	—	—	1
Heart Disease, Diseases of Circulatory System	—	1	1
Bronchitis	19	23	21
Pneumonia	125	78	72
Other Respiratory Diseases	4	1	7
Ulcer of Stomach or Duodenum	—	—	—
Appendicitis, Diarrhoea, other Digestive Diseases	92	12	11
Nephritis and Nephrosis	1	2	1
Premature Birth, Congenital malformations, other defined and ill-defined diseases.. .. .	593	429	455
Violence	21	11	25
All Other Causes	—	2	9
All Causes	885	563	606

TABLE 8

Showing causes of death at different age periods in the County of Kent during the year 1964.

Age	Sex	All causes	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm					Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
												Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
AGGREGATE URBAN DISTRICTS	..	248	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

